



Self-Exclusion Program Application

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Driver's License State: _____

Email Address: _____

Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars/Tattoos: _____

Other Names Used: _____

Player's Card Number: _____ Mobile Sports Wagering
Account Number: _____

I, _____, acknowledge and understand that I am requesting voluntary exclusion from Mardi Gras Casino and Resort for a period of time not to exceed (choose one)

30 days

90 days

1 year

during which time I will not attempt to gain entry to any of the facilities or property of Mardi Gras Casino and Resort (including the hotel). At the end of the chosen time period, I acknowledge and understand that I will be allowed to return to Mardi Gras Casino and Resort. If, at the end of the chosen time period, I wish to extend the voluntary exclusion, I must request the extension by contacting Mardi Gras Casino and Resort Security. If an extension of my voluntary exclusion will result in three (3) consecutive temporary exclusions, I agree that I will contact the West Virginia State Lottery to apply for the statewide self-exclusion program.

I have reviewed and understand the following terms and restrictions of this self-exclusion and agree to all of them, as signified by my initials:

_____ I am voluntarily completing this application and understand the contents.

_____ I agree by the terms of this exclusion, upon entering Mardi Gras Casino and Resort property I am guilty of trespass, subject to prosecution. I will be escorted from the premises without appeal or recourse.

_____ I understand and agree the terms of this exclusion can not be modified, revoked, withdrawn or rescinded.

_____ I will not attempt to enter Mardi Gras Casino and Resort.

_____ I will not attempt to place any wagers with Mardi Gras Casino and Resort's mobile or on-line sports or i-gaming sites.

_____ I understand I am ultimately held responsible for myself and limiting my access to Mardi Gras Casino and Resort.

_____ I will not seek to hold Mardi Gras Casino and Resort or Delaware North liable in any way should I enter the casino and /or use any of the services or privileges therein, despite this exclusion request.

_____ I understand and agree that I will not seek employment with Mardi Gras Casino and Resort while participating in this exclusion.

_____ I understand and agree that I will forfeit any winnings and/or gaming instruments in my possession should I gain entry and gamble at Mardi Gras Casino and Resort as part of this voluntary self-exclusion.

A self-exclusion application completed via US Mail must be notarized. A photocopy of the applicant's valid identification must be included with the application.

Applicant's Printed Name

Applicant's Signature

Date

State of _____

County of _____

_____, personally appeared before me, and declared the he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Notary Public's Signature _____

Date _____

(Personalized Seal/Stamp)

Witness Printed Name

Witness Signature

Date

Instructions for completing the Mardi Gras Casino and Resort
Self-Exclusion Application from your home

1. Read the entire self-exclusion application
2. Complete the self-exclusion application legibly and in ink, initialing where indicated
3. Check the appropriate box for the length of your self-exclusion
4. Sign and date when instructed by your Notary Public
5. Have the Notary affix their seal and sign
6. Send the original, completed application and a photocopy of your valid identification via certified mail to:

Mardi Gras Casino and Resort
Attn: Director of Security
1 Greyhound Drive
Cross Lanes, WV 25313

7. The self-excluded time period will begin when the documents have been received and verified by Mardi Gras Casino and Resort management.
8. Please retain a copy of these documents for your records.