



Self-Exclusion Program Application

I, _____, request that Mardi Gras Casino and Resort attempt to refuse my entry into or upon Mardi Gras Casino and Resort facilities or property, or in any other way trespass, upon Mardi Gras Casino and Resort property for any reason whatsoever, as of the date that this application is approved and processed by Mardi Gras Casino and Resort's management.

Last Name: _____ First: _____ Middle: _____

Maiden Name (if any): _____

Other Names Used: _____

Current Address: _____

City, State & Zip Code: _____

Home Telephone: _____ Cellular/Pager #: _____

Social Security Number: _____ Date of Birth: _____

Drivers License State and Number: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Complexion: _____

Other noticeable physical characteristics such as scars, marks, tattoos, etc: _____

Photograph Taken? Yes No Identification Produced: _____

I, _____, am a problem gambler who is voluntarily completing this Mardi Gras Casino and Resort Self-Exclusion application and understand the contents.

I, _____, am requesting that I be denied admission to Mardi Gras Casino and Resort and I am authorizing the release of this information to those responsible for enforcing the Mardi Gras Casino and Resort Voluntary Self-Exclusion Program.

I, _____, understand and agree that in consideration of participating in Mardi Gras Casino and Resort's Self-Exclusion Program I will not seek employment with Mardi Gras Casino and Resort or Tri-State Concessions, Inc.

I, _____, understand and agree that any winnings will be forfeited should I gain entry and gamble at Mardi Gras Casino & Resort as part of this voluntary self-exclusion program.

I, _____, request my removal from any and all Player's Club accounts held at Mardi Gras Casino and Resort and understand that all accumulated points will be voided and that I will never be able to recover or transfer these point to any other Player's Club Account. I understand that any future winnings will be forfeited in the event that I enter Mardi Gras Casino illegally.

Are you a Player's Club Member Yes Account #: _____ No

Are you a Racer's Edge Member Yes Account #: _____ No

I, _____, accept any risk or adverse public notice, embarrassment, criticism or other action, or any financial loss, which may directly, or indirectly, result from improper release of my information by Mardi Gras Casino and Resort and its respective members, officers, employees, or agents.

I, _____, understand that this is a lifetime exclusion and I cannot modify, revoke, withdraw, or rescind this voluntary Self-Exclusion request.

Applicant's Printed Name

Applicant's Signature

Date

State of West Virginia
County of _____

_____, personally appeared before me, and declared that 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)

Witnesses Printed Name

Witnesses Signature

Date

General Manager Approval

Date