

CONFIDENTIAL

REQUEST FOR VOLUNTARY EXCLUSION FROM ALL MILLE LACS BAND GAMING PROPERTIES

This form is to be completed by any patron requesting to be excluded from all gaming activities at all Mille Lacs Band Properties. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. **NAME** (Last, First, Middle, Suffix): _____

2. DO YOU, OR HAVE YOU EVER USED ANY OTHER NAME OR NAMES? **YES** **NO**
IF YES, LIST THE ADDITIONAL NAME(S) BELOW (Include maiden name, aliases, nicknames or any other name):

3. **HOME ADDRESS** _____
Mailing Address / Post Office Box

(City, State, Zip Code)

4. HOME PHONE #: () - 5. CELL PHONE #: () -

6. EMAIL ADDRESS: _____

7. **TYPE OF GOVERNMENT ISSUED IDENTIFICATION AND ID NUMBER:**

7. **DATE OF BIRTH** (Month/Day/Year): _____

8. **HEIGHT** (Feet/Inches): _____ 8. **WEIGHT** (Pounds): _____

PLEASE CHECK APPROPRIATE BOX:

9. **GENDER**: (M) MALE 10. **HAIR COLOR**: _____ 11. **EYE COLOR**: _____
 (F) FEMALE

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS:

13. VEHICLE ONE: MAKE _____ MODEL _____ YEAR _____ COLOR _____

VEHICLE TWO: MAKE _____ MODEL _____ YEAR _____ COLOR _____

MINIMUM SELF-EXCLUSION PERIOD

To process this request, you must choose the period of time you wish to be excluded from the Mille Lacs Band Gaming Properties. **Please choose one:**

SIX MONTHS **ONE YEAR** **THREE YEARS**

FIVE YEARS **LIFETIME**

WAIVER AND RELEASE

I hereby release and forever discharge the Mille Lacs Band of Ojibwe, all agents/employees of their Gaming Properties, (i.e. Grand Casino Hinckley and Grand Casino Mille Lacs), all agents/employees of the Corporate Commission and all agents/employees of the Gaming Regulatory Authority from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of, or by reason of any act or omission relating to this request for self-exclusion, including (1) its processing or enforcement, (2) the failure of a Mille Lacs Band Gaming Property to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at all Mille Lacs Band Gaming Properties. I certify that the information that I have provided above is true and accurate. I have read, understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes all agents/employees of the Mille Lacs Band Gaming Properties to restrict my gaming activities for the period of time I request from the date of this request and indefinitely thereafter, until such time as the Gaming Regulatory Authority removes my name from the self-exclusion list. **I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at any Mille Lacs Band Gaming Property. And furthermore, that any money or thing of value obtained by me from, or owed to me, by a Mille Lacs Band Gaming Property as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. I am aware that during my period of self-exclusion I will be denied access to any player club promotions, offers or memberships relating to gaming activities at Mille Lacs Band Gaming Properties.**

SIGNED: _____ **DATE:** _____

TO BE FILLED OUT ONLY IF SUBMITTED BY MAIL:

Subscribed and Sworn before me:

On this _____ th day of _____ 20_____

Notary Signature: _____

****If submitting request by mail, please include a recent photo for our records.***

DO NOT WRITE BELOW-----FOR MILLE LACS BAND PERSONNEL USE ONLY

TYPE OF IDENTIFICATION OFFERED: _____

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials and any physical description or photography of person appears to agree with his or her actual appearance.

Mille Lacs Band Gaming Agent/Employee Signature Date: _____