

Self-Exclusion Request

Mono Wind Casino

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37302 Rancheria Ln
Auberry, CA 93602

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the requestor.

Disclaimer: This request applies to all gambling establishments within the jurisdiction of Big Sandy Rancheria.

SECTION 1: PERSONAL INFORMATION		
FULL NAME: LAST	FIRST	MIDDLE
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES		
RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	EMAIL ADDRESS
GAMES MOST OFTEN PLAYED		

SECTION 2: EXCLUSION REQUEST			
Initial Requested Term:	<input type="checkbox"/> ONE YEAR	<input type="checkbox"/> FIVE YEARS	<input type="checkbox"/> LIFETIME

SECTION 3: PHOTO AND VISUAL DESCRIPTION			
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)
AFFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED	DATE OF BIRTH	RACE/ETHNICITY	GENDER
	DISTINGUISHING MARKS (SUCH AS VISIBLE SCARS OR TATTOOS – DESCRIBE MARK & LOCATION)		
MAKE AND MODEL OF VEHICLE NORMALLY DRIVEN		LICENSE PLATE	

I understand English or have had an interpreter read and explain this form to me in _____.
(Language)

SECTION 4: DECLARATION

(INITIAL HERE)

I voluntarily seek to exclude myself as specified in Section 2 of this form.

(INITIAL HERE)

I agree that I will not attempt to enter or use any of the services or privileges of any gambling establishments within the jurisdiction of Big Sandy Rancheria during the period specified in Section 2.

(INITIAL HERE)

I acknowledge and understand that should I attempt to enter any gambling establishments within the jurisdiction of Big Sandy Rancheria during the Term of Exclusion, once identified, I will be escorted from the Gambling Establishment or participating gambling facility.

(INITIAL HERE)

I agree that any unredeemed jackpots or prizes I may have accrued during this exclusion will be forfeited.

(INITIAL HERE)

I understand that the ultimate responsibility to limit my access to any gambling establishments within the jurisdiction of Big Sandy Rancheria remains mine alone.

(INITIAL HERE)

I understand that disclosure of certain information is necessary to effect my request for self-exclusion.

(INITIAL HERE)

I understand that my information may be disclosed, if needed, for the conduct of an official investigation; or, if requested by other gaming regulatory agency or authorized law enforcement.

(INITIAL HERE)

I understand that this self-exclusion request is irrevocable for the time period checked.

I will not seek to hold any gambling establishments within the jurisdiction of Big Sandy Rancheria liable in any way should I enter any gambling establishments within the jurisdiction of Big Sandy Rancheria or use any of the services or privileges therein despite this exclusion request; and, I agree to indemnify the Big Sandy Band of Western Mono Indians and the Big Sandy Tribal Gaming Commission for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge Big Sandy Band of Western Mono Indians and the Big Sandy Tribal Gaming Commission or any gambling establishments within the jurisdiction of Big Sandy Rancheria, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)

NOTARIZATION

OR

WITNESS BY KEY EMPLOYEE

Subscribed and sworn to (or affirmed) before me this _____ day of

_____, 20____, ,

By _____,

Personally known to me. OR Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

NOTARY PUBLIC SEAL:

Signature of Notary Public _____

My Commission expires on:

As a Key Employee of _____, I affirm that on

(name of gambling establishment or participating facility)

_____ day of _____, 20____, ,

I witnessed _____
(individual's name)

complete this form and that this person is:

Personally known to me. OR Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____

Printed Name _____