

Application for Maryland Voluntary Exclusion Program for Problem Gamblers

Instructions – Read carefully

- Read the entire form and the Summary of Maryland Voluntary Exclusion Program Rules (attached) before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

Important Notice

By signing and submitting this application, you are agreeing not to enter any Maryland casino for at least two years. The Maryland Lottery and Gaming Control Commission will comply with the provisions of Maryland law to maintain reasonable confidentiality of your personal information and placement on the Voluntary Exclusion List. However, because the law requires the Maryland Lottery and Gaming Control Commission to release certain information about you to the casino facility operators so the Voluntary Exclusion Program may be enforced, the Commission cannot guarantee absolute confidentiality of your information.

Section 1: Personal Information

1. Full legal name of individual requesting voluntary exclusion:

First name Initial Last name

2. Alias/nicknames/other names used:

First name Initial Last name

First name Initial Last name

3. Residential address: _____
County of Residence _____

Street or PO Box _____

City State Zip

4. Residential telephone: _____

Other telephone: _____

5. Social Security number: _____

6. Date of Birth: _____

7. Driver's license state and number: _____

8. Gender: ☐ Male ☐ Female

9. Physical description:

Height _____ Weight _____

Hair Color _____

Eye Color _____

10. Contact lenses: ☐ Yes ☐ No

11. Hispanic or Latino origin? ☐ Yes ☐ No

12. Racial Category: (Please check all that apply)

- ☐ White ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander
☐ Other _____

13. National origin _____

Passport number _____

Alien Registration number _____

Country of citizenship _____

14. Complexion

☐ Light ☐ Medium ☐ Dark

15. Noticeable physical characteristics
(birth marks, scars, tattoos, etc.)

16. I hereby request placement on the Voluntary Exclusion List for a period of:

☐ At least two years ☐ Life

17. I was referred by:

- ☐ Casino employee ☐ Signs at the casino
☐ Family member ☐ Mental health care provider
☐ Self ☐ Other _____

Section 2: Gambling Responsibility Statement

17. I acknowledge that I am a problem gambler and that I am unable to gamble responsibly.

Signature of Applicant for Voluntary Exclusion

Date

Section 3:

18. I understand that I am prohibited from entering any Maryland casino property and if I do, I am subject to arrest for criminal trespass.

Signature of Applicant for Voluntary Exclusion

Date

Section 4: Waiver and Release

I release and forever discharge the state of Maryland, the Commission, and their employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of, or by reason of any act or omission relating to, this request for placement on the voluntary exclusion list or request for removal from the voluntary exclusion list including, but not limited to, the: (A) processing, maintaining, and enforcing the list; (B) any failure of a facility operator, or its employees, agents, or affiliates to withhold direct marketing or check cashing from a voluntarily excluded individual; (C) disclosure of information contained in the voluntary exclusion request or list, except for willfully unlawful disclosure of such information; or (D) dissemination of confidential information contained on the voluntary exclusion application or list by facilities under the jurisdiction of the Commission to any party not authorized to receive the information.

Signature of Applicant for Voluntary Exclusion

Date

Section 5: Authorization and Request to Release Information

- I request that the information provided on this form be disseminated by the Commission to the casino facilities licensed by the Commission in order to enforce my voluntary exclusion.
- I accept any risk of potential or actual adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of this information authorized by this Authorization and Request to Release Information.

Signature of Applicant for Voluntary Exclusion

Date

Section 6: Verification Information

18. Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form?

☐ Yes ☐ No Initial _____

(If yes, section seven must be completed.)

19. Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision?

☐ Yes ☐ No Initial _____

(If yes, terminate the interview)

20. Are you completing this request form of your own free will?

☐ Yes ☐ No Initial _____

(If no, terminate the interview)

21. Have you read this request form and do you understand its contents?

☐ Yes ☐ No Initial _____

22. Do you understand that, by asking to be placed on the list of voluntary excluded persons, you are acknowledging that you are a problem gambler and that you are unable to gamble responsibly?

☐ Yes ☐ No Initial _____

23. Do you understand that, the Maryland Lottery and Gaming Control Commission recommends that you seek an assessment, evaluation and treatment for your gambling problem?

☐ Yes ☐ No Initial _____

24. Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to stay out of all Maryland casinos?

☐ Yes ☐ No Initial _____

25. Do you understand that, if your request for voluntary exclusion is granted, the consequences of you being discovered in a Maryland casino may include arrest for criminal trespassing?

☐ Yes ☐ No Initial _____

26. Do you understand that, if your request for voluntary exclusion is granted, you will not be eligible to play any slot machine, and therefore you will not be allowed to collect any winnings at a Maryland casino?

☐ Yes ☐ No Initial _____

27. Do you understand that, if your request for voluntary exclusion is granted, you are authorizing the Maryland Lottery and Gaming Control Commission to release the contents of your request to all Maryland casinos and facility operators and their specified enforcement employees? (The Commission may release this information only for purposes of enforcing the voluntary exclusion program, and is not authorized to release it to your family members, employer or a prospective employer.)

☐ Yes ☐ No Initial _____

28. Do you understand that releasing the information in this request to the video lottery facilities licensed in Maryland may result in you being denied service at affiliated casinos in other jurisdictions? (For example, if an operator of a Maryland casino owns or manages a casino in another state, that operator may choose to deny you service at all its locations.)

☐ Yes ☐ No Initial _____

29. Do you understand that, by completing this form, you are requesting to be placed on the list of voluntarily excluded individuals and that such placement is for at least two years or life?

☐ Yes ☐ No Initial _____

30. Do you have any questions that the Maryland Lottery and Gaming Control Commission employee or designated agent has not answered to your satisfaction regarding voluntary exclusion that prevents you from making an informed decision whether or not to complete and sign this request form?

☐ Yes ☐ No Initial _____

(If yes, the interview is terminated)

31. Do you understand that it is your responsibility to provide the Maryland Lottery and Gaming Control Commission with updated information regarding any information provided in this request, including name and address changes?

☐ Yes ☐ No Initial _____

32. Are you required to enter a Maryland casino in the performance of your job duties?

☐ Yes ☐ No Initial _____

If yes, please provide the following information:

Employer _____

Job Title _____

Maryland Gaming License Number (if you have one)

33. I understand that after I submit this application, and if I am placed on the voluntary exclusion list, the Authorization and Request to Release Information allows the Maryland Lottery and Gaming Control Commission to release information about my voluntary exclusion to Maryland casinos and facility operators, and that some casinos may choose to deny me service at their facilities in jurisdictions beyond Maryland.

Writing your initials in the box below acknowledges that you understand the questions above, and have reviewed your responses and checked the boxes that correspond to your answers.

Section 7: Acknowledgement

I have completed and am signing this request for voluntary exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication that would impair my judgment. I am voluntarily requesting exclusion from the gaming areas at all facilities under the jurisdiction of the Maryland Lottery and Gaming Control Commission. I certify that the information that I have provided is true and accurate, and that I have read, understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. I am aware that my signature below authorizes the Commission to direct all Maryland casinos and operating agents to restrict my gaming activities in accordance with this request. If I have elected to be placed on the list for a period of two (2) years, I may extend the period of voluntary exclusion. To be removed from the list at the end of my two years, I must submit a request to the Commission with all necessary supporting documentation for their approval. I am aware and agree that during any period of voluntary exclusion, I shall not collect any winnings or recover any losses resulting from any slot machine play at a casino licensed by the Commission. I understand that any money or thing of value obtained by me from, or owed to me by, a Maryland casino as a result of wagers made by me while I am on the voluntary exclusion list shall be subject to forfeiture and that I may be subject to criminal action for trespass if I enter a Maryland casino.

The Commission will use the information that I provide in this Application for the purpose of deciding whether I am eligible for inclusion on the voluntary exclusion list, and to include me on the list if I am determined to be eligible. My refusal to provide requested information may cause the Commission to reject my Application for voluntary exclusion.

The Commission is required by Maryland law to maintain the voluntary exclusion list, and to advise casino operators who is on the list. A facility operator may disclose this information only to the facility manager, security and surveillance department, and employees who are directly responsible for excluding unauthorized individuals from a casino. This information is not otherwise generally available for public inspection. I have the right to inspect, amend, or correct the records that contain personal information about me.

Signature of Applicant for Voluntary Exclusion

Date

Section 8: Interpreter Information

Note for individuals requesting voluntary exclusion using an interpreter: The individual submitting this application requires the assistance of an interpreter in order to complete this application. The name, address, and phone number of the interpreter are listed below as well as a certification that the interpreter has completely, accurately, and impartially translated and communicated all instructions given by the Maryland Lottery and Gaming Control Commission employee or designated agent and the applicant's responses.

Full name of interpreter _____

Street address _____

City, State, and Zip _____

Phone Number _____

Language spoken by interpreter _____

Certification of Interpreter

I, _____, through my signature below affirm, attest, and acknowledge that I have served as an interpreter for _____ to assist him/her in completing an application for placement on voluntary exclusion list. I affirm and attest that I have completely, accurately, and impartially communicated all instructions from the Maryland Lottery and Gaming Control Commission employee or designated agent and the applicant's responses.

Signature of Interpreter

Date

Section 9: Certification of Witness

I witnessed _____ sign his/her name this _____ day of _____, 20 _____. This individual appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and appears to be voluntarily applying for exclusion. The signature, physical description and identity of this individual matches the individual's photograph and credentials, photocopies of which are attached to this Request.

Signature of Commission employee or designated agent

Date

Location

The Commission employee or designated agent shall verify the signature of the individual submitting an application for voluntary exclusion and inform him/her that he/she will be notified, in writing, by the Maryland Lottery and Gaming Control Commission when their application is approved and they are placed on the voluntary exclusion list. It will take a few days to forward the information to the casinos. The Commission employee or designated agent shall ask the individual to surrender all players' cards for all Maryland gaming facilities.

For Internal Use Only

Date Received: _____

Date Processed: _____

By: _____

Approved: _____ Denied: _____

Responsibilities of Participants in the Maryland Voluntary Exclusion Program

As a participant in the Voluntary Exclusion Program (VEP), you have the following responsibilities:

- You have agreed to not enter a casino facility or play a slot machine that is under the jurisdiction of the Maryland Lottery and Gaming Control Agency.
- It is your responsibility to stay away from the gaming areas of casinos and not the responsibility of the Maryland Lottery and Gaming Control Agency or the casino facility to keep you away.
- If you are found in a casino or playing a slot machine that is under the jurisdiction of the Maryland Lottery and Gaming Control Agency, you may be subject to arrest for criminal trespassing.
- Casinos may elect to permanently exclude VEP participants. The terms of the casinos' eviction may be more restrictive than the terms of the VEP. If a casino facility has elected to evict you, you will receive a letter outlining the terms of the eviction. Each casino maintains its own eviction procedures and disputes arising as a result of being placed on an eviction list should be addressed through communication with the appropriate representatives of the casino facility.
- As a participant of this program, you may increase the time of your participation in the program but you may never decrease it to less than two years. For example, if you elect to voluntarily exclude for two years or lifetime, you may NOT request to remove your name from the list before the two years or lifetime is completed. However, if you choose to increase your voluntary exclusion from two years to lifetime, you may submit an extension request at any time. You will remain on the VEP list until you complete a Request for Removal form and your request has been approved by the Maryland Lottery and Gaming Control Agency Commission.
- Any time your personal information changes you must provide the Maryland Lottery and Gaming Control Agency with the updated information.
- You must notify the Maryland Lottery and Gaming Control Agency if you receive direct mailing items addressed to you after your name has been on the VEP list for 45 days. This will assist the Maryland Lottery and Gaming Control Agency in enforcing the VEP by ensuring that VEP participants are not subjected to predatory marketing.

Request for Enrollment in the Voluntary Exclusion Program
Statement of Intent

With my enrollment in the Voluntary Exclusion Program (VEP), I state that:

- (1) I am voluntarily committing to refrain from entering any of the Maryland casinos for the period of time specified in this request for statewide voluntary exclusion.
- (2) I alone am responsible for ensuring that I honor my commitment.
- (3) Neither Maryland casino operators nor the Maryland Lottery and Gaming Control Commission have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) I may make a written request for removal from the VEP only after I have been in the VEP for two years. I understand that it is completely within the discretion of the Maryland Lottery and Gaming Control Commission whether to grant any request for removal. I understand that until the Maryland Lottery and Gaming Control Commission approves my request for removal, I must refrain from entering any Maryland casino.
- (5) I acknowledge that some Maryland casino operators have a corporate policy that will cause this exclusion to apply at all the casinos that they own, manage or operate in other states and countries, or casinos they acquire after the date this form is signed and that it is my responsibility to determine if a casino operator has a policy that will ban me from playing at or visiting those casinos when I travel outside of Maryland.

Signature of individual requesting exclusion

____/____/_____
Date

Maryland Lottery and Gaming Control Agency

Martin O'Malley, Governor • Stephen Martino, Director

Montgomery Park Business Center
1800 Washington Blvd., Suite 330
Baltimore, Maryland 21230



Tel: 410-230-8800
TTY users call Maryland Relay
www.mdlottery.com

Summary of Maryland Voluntary Exclusion Program Rules

Pursuant to COMAR 14.01.16, the following rules shall apply to those interested in enrolling in the Voluntary Exclusion Program (VEP):

VEP Enrollment:

- An individual may sign up for the VEP at any Maryland casino or at Maryland Lottery and Gaming Control Agency Headquarters in Baltimore.
- Individuals may select the length of voluntary exclusion: at least two years or lifetime.
- Inclusion in the VEP may result in your being denied service at affiliated casinos in other states or locations. For example, if an operator of a Maryland casino owns or manages a casino in another state, that operator may choose to deny a VEP participant service or access at all its locations.
- Employees of Maryland casinos who are in the VEP are permitted to enter a casino for the purpose of carrying out the duties of their employment.
- All participants must sign a waiver and release discharging the State from liability.

Placement on the VEP:

- If an individual signs up for the program, their name will appear on a list of excluded individuals, which will be distributed to the facility operators and employees of Maryland casinos only for the purposes of enforcement.
- Any individual participating in the program is prohibited from entering a casino or playing a slot machine in any Maryland casino.
- It is the personal responsibility of the individual enrolled in the VEP to stay away from Maryland casinos, and not the responsibility of the Maryland Lottery and Gaming Control Agency to keep the individual away.
- If found in a Maryland casino, the individual will be subject to arrest for criminal trespassing or other offenses.
- Because participants in the VEP are prohibited from entering a casino in Maryland, they will not have check cashing or ATM withdrawal privileges at Maryland casinos.
- All casinos must cease direct marketing efforts to an individual participating in the program.

Removal from the VEP:

- An individual enrolled for at least two years may request removal from the list at the expiration of that time period by completing a Request for Removal Application.
- A person applying for removal from the VEP must provide the Commission with documentation of completion of: a problem gambling assessment by a professional who is licensed by the State to conduct problem gambling assessments and complete any recommended treatment; a problem gambling treatment and prevention program; or a healthy decision-making program that is sponsored or approved by the Commission.
- The Maryland Lottery and Gaming Control Agency will have the final determination on whether an applicant can come off the voluntary exclusion list.

The information above has been read to me, I have been provided a copy of the VEP regulations, and I fully understand the VEP enrollment process.

Signature of individual requesting exclusion

Signature of Maryland Lottery agent

Reciprocity Acknowledgement Form

With my enrollment in the Maryland Voluntary Exclusion Program (VEP), I understand that:

- (1) Program guidelines allow any casino operator to deny a VEP participant service at any property, including properties outside of Maryland, who share a corporate ownership/affiliation.
- (2) It is my responsibility to determine if a casino operator has a policy that will ban me from playing at or visiting those casinos when I travel outside of Maryland.
- (3) The Casino at Ocean Downs (Berlin, MD) and the Casino at Delaware Park (Wilmington, DE) are corporately affiliated. The Casino at Delaware Park will honor all Maryland Voluntary Exclusion Program bans, and you will not be permitted to enter or play during the period of your Maryland Voluntary Exclusion.

Signature of individual requesting exclusion

____/____/_____
Date