

## Application and Agreement for Placement on the Maryland Voluntary Exclusion List

### Instructions – Read carefully

- Read this entire Applicant and Agreement before answering the questions.
- Print the answers to all questions in blue or black ink.
- Present a valid driver's license or government-issued identification.

### Important Notice

By signing and submitting this Application and Agreement, you are asking to be placed on the Voluntary Exclusion List of the Maryland Lottery and Gaming Control Commission (Commission). If your Application is accepted, you will be prohibited from (1) entering any Maryland casino and from playing any video lottery terminals (slots) or table games in a Maryland casino. *Maryland casinos may ban you from their affiliated casinos in other jurisdictions*; (2) playing any game offered by the Maryland Lottery; (3) playing any instant bingo machine at an instant bingo facility with 10 or more machines, or (4) any combination of the three.

There is no automatic removal from the Voluntary Exclusion List. This prohibition will last for at least two years, and may be lifted only by the Commission. By requesting placement on the Commission's Voluntary Exclusion List, you are releasing the State from any liability that may arise from your placement on the list.

### Section 1: Verifications

Do you need a language interpreter to understand this program and the questions in this Application and Agreement?

Yes  No Initial   

If yes, complete Section 8

Are you under the influence of any alcoholic beverage or any drug that would prevent you from making a sober or informed decision?

Yes  No Initial   

If yes, stop completing the application or the interview

Are you completing this Application of your own free will?

Yes  No Initial   

If no, stop completing the application or the interview

**Maryland residents only:** Do you want to be contacted by phone or email by the Maryland Lottery and Gaming Agency's Responsible Gambling Coordinator for information on how to receive a confidential problem gambling assessment?

Yes  No Initial   

If yes, give a confidential phone number or email address where you can be reached: \_\_\_\_\_

### Section 2: Personal Information

1. Full legal name:

2. Alias/nicknames/other names used:

\_\_\_\_\_  
First name                      Initial                      Last name

\_\_\_\_\_  
First name                      Initial                      Last name

3. Current home address: \_\_\_\_\_  
County of Residence \_\_\_\_\_

Street and Number/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Previous address:

Street and Number/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

5. Home Telephone: \_\_\_\_\_

6. Mobile Telephone: \_\_\_\_\_

7. Social Security number: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Gender:  Male  Female

10. Physical description:

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

11. Contact lenses:  Yes  No

12. Hispanic or Latino origin?  Yes  No

13. Racial Category - Check all that apply:

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

Other \_\_\_\_\_

14. Driver's License State and Number: \_\_\_\_\_

15. Driver's License Expiration Date: \_\_\_\_\_

16. Passport Information:

Country of citizenship \_\_\_\_\_

Passport number \_\_\_\_\_

Alien registration number \_\_\_\_\_

17. Complexion

Light  Medium  Dark

18. Noticeable physical characteristics

(birth marks, scars, tattoos, etc.)

For 19a., 19b., and 19c. select a time-period for at least one, or any combination of the three.

19a. I request placement on the **Casino** Voluntary Exclusion List for a period of:

At least two years  Life

19b. I request placement on the **Lottery** Voluntary Exclusion List for a period of:

At least two years  Life

19c. I request placement on the **Instant Bingo Machine** Voluntary Exclusion List for a period of:

At least two years  Life

20. I was referred by:

Casino employee  Signs at the casino

Signs at a Lottery retailer  Family member

Mental health care provider/counselor

Self  Other \_\_\_\_\_

### Section 3: Acknowledgments

By applying to be placed on the Voluntary Exclusion List, I am acknowledging that I have a problem with gambling. I am sober and informed and applying for the Voluntary Exclusion List of my own free will.

I am requesting to be placed on the list of voluntarily excluded individuals. The period of this placement is at least two years, and may be for life. Participation in the Voluntary Exclusion Program may result in the forfeiture of unredeemed items, accumulated casino rewards points and other benefits.

The Commission will use the information that I provide in this Application and Agreement 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 tell casino operators who is on the list. A casino operator may disclose this information only to specific casino staff and their agents and, if pursuing criminal charges against an individual on the Voluntary Exclusion List, to law enforcement officers. This information is not otherwise generally available for public inspection under Maryland's public records laws. I have the right to inspect, amend, or correct the records that contain personal information about me.

The Commission is required by Maryland law to maintain the Voluntary Exclusion List, and to tell instant bingo operators who is on the list for the instant bingo machines. An instant bingo operator with 10 or more machines may disclose this information only to specific staff and their agents. This information is not otherwise generally available for public inspection under Maryland public records laws. I have the right to inspect, amend, or correct the records that contain personal information about me.

**I will not automatically be removed from the Voluntary Exclusion List at the end of the period of my exclusion.** In order to be removed from the List, I must have been on the List for at least two years. Pursuant to Code of Maryland Regulations (COMAR) 36.01.03.05, I must submit a written request to the Commission requesting removal with all necessary supporting documentation, and the Commission must approve my request. Documentation required includes that I have completed: (1) a problem gambling assessment with a professional who is licensed by the State to conduct problem gambling assessments or who is otherwise approved by the Commission and I filled any recommended treatment; 2) a problem gambling treatment and prevention program approved by the Commission; or (3) A healthy decision-making program that is sponsored or approved by the Commission, with a licensed professional counselor or other person approved by the Commission.

I understand that a problem gambling assessment and/or treatment is available by contacting the Center of Excellence on Problem Gambling in Maryland.

I accept the 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 authorization release of the information in this Application and Agreement.

I certify that the information that I am providing in this Application and Agreement is true and accurate.

My signature on this Application and Agreement means that I understand my responsibilities, and the possible consequences, associated with being on the Voluntary Exclusion List.

Initial

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## Section 4: Casino Voluntary Exclusion Authorization to Release Information and Acknowledgments

*To be completed only by individuals applying for exclusion from casinos.*

**Authorization to Release Information:** I authorize the Commission to release and disseminate the information provided on this Application and Agreement to casino operators in order to enforce my voluntary exclusion. My signature on this Application and Agreement authorizes the Commission to direct all Maryland casinos and operating agents to restrict my gaming activities in accordance with this request.

**If I am placed on the Voluntary Exclusion List** (please initial each statement):

1. I understand that for the entire period of my exclusion, I am prohibited from entering any Maryland casino or playing a table game or video lottery terminals ("slots").

Initial

2. It is my responsibility to stay out of all Maryland casinos.

Initial

3. I understand I may be subject to criminal action for trespass if I enter any Maryland casino.

Initial:

4. I understand that Maryland casinos may ban me from their affiliated casinos in other jurisdictions. (For example, if an owner or operator of a Maryland casino owns or operates a casino in another state, the non-Maryland owner/operator may decide to deny me service at all its locations.)

Initial

5. I contractually agree that, if I do gamble at a Maryland casino, I will redeem or liquidate all unredeemed items that have monetary value and designate that the proceeds of these redeemed casino items be contributed to the Problem Gambling Fund. "Unredeemed item" generally means a noncash item, such as a token, voucher, ticket or chip.

Initial

6. I am required to enter a Maryland casino in the performance of my job duties.  Yes  No

Initial

If yes, provide the following information:

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Maryland Gaming License Number (if applicable) \_\_\_\_\_

### Section 5: Lottery Voluntary Exclusion Acknowledgments

To be completed only by individuals applying for exclusion from the playing a Maryland Lottery game.

If I am placed on the Voluntary Exclusion List (please initial each statement):

1. I understand that I am self-prohibited from playing any Maryland Lottery game.

Initial

2. It is my responsibility to refrain from purchasing any Maryland lottery tickets or otherwise participating in the play of a Maryland lottery game or promotion.

Initial

3. It is my responsibility to refrain from participating in the Maryland Lottery's My Lottery Rewards Program.

Initial

4. I understand and agree that with respect to the My Lottery Rewards Program, any entry submitted with my name and any points related to my name are void, not valid, and will not be considered in relation to any aspect of the My Lottery Rewards Program, a reward or prize will not be awarded, any Subscription may not be paid, and my My Lottery Rewards Account may be closed.

Initial

5. I contractually agree that, if I do play the Maryland Lottery, I will redeem or liquidate all unredeemed items that have monetary value and designate that the proceeds of these redeemed items be contributed to the Problem Gambling Fund.

“Unredeemed item” is defined in COMAR 36.01.03.03 and generally means a noncash item, such as a token, voucher, ticket or chip, that is obtained while trying to play a lottery game in the State or by gambling.

Initial

## Section 6: Instant Bingo Machine Exclusion Authorization to Release Information and Acknowledgments

*To be completed only by individuals applying for exclusion from playing Instant Bingo Machines at Instant Bingo Facilities with 10 or more machines.*

**If I am placed on the Voluntary Exclusion List** (please initial each statement):

1. I understand that I am self-prohibited from playing any instant bingo machine at a facility with 10 or more instant bingo machines.

Initial

2. It is my responsibility to refrain from playing an instant bingo game at an instant bingo facility with 10 or more machines.

Initial

3. I contractually agree that, if I do play the an instant bingo machine at an instant bingo facility with 10 or more machines, I will redeem or liquidate all unredeemed items that have monetary value and designate that the proceeds of these redeemed items be contributed to the Problem Gambling Fund. “Unredeemed item” is defined in COMAR 36.01.03.03 and generally means a noncash item, such as a token, voucher, ticket or chip, that is obtained while trying to play a lottery game in the State or by gambling.

Initial

## Section 7: Release from Liability

I expressly release, hold harmless and forever discharge the State of Maryland, the Maryland Lottery and Gaming Commission, the Maryland State Lottery and Gaming Control Agency and their employees, agents and representatives, 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 Application and Agreement for, or placement on, the Commission’s Voluntary Exclusion List.

\_\_\_\_\_  
Signature of Applicant for Voluntary Exclusion

\_\_\_\_\_  
Date

## Section 8: Interpreter Information

The Commission has access to State-approved Interpreters, which must be used for all applicants requiring Interpreter services.

Date used: \_\_\_\_\_

Language Identified for Applicant: \_\_\_\_\_

Length of time for Application: \_\_\_\_\_

Language Solution’s MLGCA ID#: \_\_\_\_\_

## Section 9: Certification and Execution of Agreement

**A. Applicant Certification**

I do not have any unanswered questions regarding voluntary exclusion that I believe prevents me from making an informed decision about whether to complete and sign this Application and Agreement.

Initial  

**READ CAREFULLY BEFORE SIGNING.**

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY AND KNOWINGLY SIGNED THIS APPLICATION AND AGREEMENT, AND AGREE TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
Signature of Applicant for Voluntary Exclusion \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant for Voluntary Exclusion

**B. MLGCA Staff Certification**

**MLGCA Staff:**

I witnessed \_\_\_\_\_ sign his/her name to this Application and Agreement. This individual appears not to be under the influence of any alcoholic beverage, controlled substance or prescription medication, and appears to be knowingly and voluntarily applying for exclusion. The signature, physical description and identity of this individual match the individual’s photograph and credentials, photocopies of which are attached to this Application and Agreement.

\_\_\_\_\_  
Signature of Commission employee \_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

*The Commission employee or designated agent shall verify the signature of the individual submitting the Application and Agreement and inform the individual that he/she will be notified, in writing, by the Commission whether the Application is approved and the individual is placed on the Voluntary Exclusion List.*

**For Internal Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

By: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_