

Nisqually



Tribal Gaming Agency

12819 Yelm Hwy SE Olympia, WA 98513 Phone: (360) 486-8500

Self Exclusion Request

The individual named below has requested to be Self Excluded from gambling at the Nisqually Red Wind Casino;

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Ethnicity: _____ Height: _____ Weight: _____ Gender: _____ Eyes: _____ Hair: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Driver's License#: _____ State: _____

Glasses: Y - N Scars/Marks/Tattoos: _____

I, _____, have been informed by a representative of the Nisqually Tribal Gaming Agency that I am no longer allowed to enter the Nisqually Red Wind Casino or the property of the Casino once I sign this request. I am requesting that this Self Exclusion be for a minimum of; 1 Year: 3 Years: 5 Years: Lifetime: .

I understand that to have the Self Exclusion rescinded, I must petition the Nisqually Tribal Gaming Commission **in writing** and that the decision of the Commission is final.

I understand that any request for Self Exclusion after the **third (3) request will result in a Lifetime Exclusion** and may not be considered for review by the Nisqually Tribal Gaming Commission. **Initials**

I also understand that if I do enter the property of the Nisqually Red Wind Casino that I may be charged with Criminal Trespass or other applicable violations of Tribal Codes, State of Washington and or Federal Laws.

I further understand that if I do gamble at the Nisqually Red Wind Casino while Self Excluded, all funds to include Jackpots, Slots Credits, Chips & Keno Tickets will be forfeited and donated to a Tribal, Local or Washington State Charity by the Nisqually Tribe. **Initials**

I understand that it will be my responsibility to cash out any rewards or points (as allowed by casino policy) at the commencement of my Self Exclusion period prior to leaving the Nisqually Red Wind Casino.

I understand that any rewards or points not cashed out may be donated to a Tribal, Local or Washington State Charity by the Nisqually Tribe.

I understand that the Nisqually Tribal Gaming Agency will require the Gaming Facility Operator to remove my name from all mailing/promotions lists and revoke any Player Cards.

Hold Harmless

I understand that neither the Nisqually Tribe, the Gaming Facility Operator, the Nisqually Tribal Gaming Agency/Commission, nor any employee thereof shall be liable to any Self Excluded guest or to any other party in any proceedings. That neither the Nisqually Tribe, the Gaming Facility Operator or the Nisqually Tribal Gaming Agency/Commission shall be deemed to have waived it's sovereign immunity with respect to any guest for any harm, monetary or otherwise, which may arise as a result of the failure of the Gaming Facility Operator or Nisqually Tribal Gaming Agency/Commission from permitting a Self-Excluded Guest to engage in gaming activities in a gaming facility while on the list of Self Excluded Guests. **Initials**

Notice to Patrons requesting Self Exclusion for reasons related to problem gambling;

I understand that the Nisqually Tribal Gaming Commission reserves the right to deny any reinstatement of gaming privileges to any person(s) identified as a problem gambler, as determined by the Commission, in its sole discretion, self-declared or otherwise. The Nisqually Tribe may not be held liable for any losses incurred by the Self Excluded Guest. The Nisqually Tribal Gaming Commission will not consider a review of a Self-Exclusion after the third (3) requests for a Self-Exclusion by a guest. **Initials**

NOTE: I understand that if I elect to enter onto the property of the Nisqually Red Wind Casino during the term of the Self Exclusion, the Nisqually Tribal Gaming Agency may issue a Permanent Barring to you. I understand that a violation of a Permanent Barring notification may subject me to a criminal or civil charge of Trespass. Further, if you arrive in a privately owned vehicle (POV) and are escorted from the Nisqually Tribal Reservation, your vehicle may be subject to impoundment at your expense. **Initials**

I have been provided with literature and contact information in regards to problem gambling. **Initials**

NOTICE: This form MUST be signed in person in front of an Agent or his/her designee.

Signed this _____ day of _____ 20_____.

Signature of guest requesting Self Exclusion

Agent/Designee

Witness

Note: Attach a clearly identifiable photo of the Self Excluded Guest, State Issued ID, Driver's License or Photo ID below;

