

CALIFORNIA CODE OF REGULATIONS

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

CHAPTER 7. CONDITIONS OF OPERATIONS FOR GAMBLING ESTABLISHMENTS.

APPENDIX A

- Self-Restriction Form, CGCC-036 (Rev. 07/13)
- Self-Exclusion Form, CGCC-037 (Rev. 07/13)



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-RESTRICTION FORM

CGCC – 036 (Rev. 07/13)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s):

Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

()

Business Number:

()

Games most often played:

SECTION 2: RESTRICTION FOR _____ (Name of Cardroom or participating gambling facility)

TOTAL EXCLUSION: Initial Appropriate Term: One Year _____ Five Years _____ Lifetime _____

Please delete me from any MARKETING or PROMOTIONAL information:

Please exclude me from this GAME or GAMING ACTIVITY _____

Please restrict me from any CHECK-CASHING privileges: Or Limit as follows: _____

Please restrict me from any CREDIT: Or Limit as follows: _____

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female Date of Birth: _____ / _____ / _____ Race/Ethnicity: _____

Height: _____ Weight: _____ Hair Color/Type: _____ Eye Color: _____

Date of Photograph: _____ / _____ / _____ CA Drivers License: _____

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven: _____ License Plate: _____

AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND SHOULDERS OF
 PERSON TO BE EXCLUDED

SECTION 4: DECLARATION

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

I understand that the ultimate responsibility to limit my access to the Gambling Establishment or participating gambling facility or gaming services in the State of California remains mine alone.

I voluntarily seek to exclude or restrict myself as indicated in Section 2.

If I choose Total Exclusion:

(Initial Here) I agree that I will not attempt to enter and/or use any of the services or privileges of a California Gambling Establishment or participating gambling facility during the period checked in Section 2.

(Initial Here) I acknowledge and understand that should I attempt to enter a California Gambling Establishment or participating gambling facility or use the services of a Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial Here) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-exclusion or restriction. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the Gambling Establishment or participating gambling facility liable in any way should I enter a Gambling Establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion/restriction request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Establishment, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion or restriction (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 all of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion/restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion or restriction, to indemnify and hold harmless the Released Parties to 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/restriction requested herein.

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

Signature: _____

Print Name: _____

Date: _____ / _____ / _____

SECTION 5: NOTARIZATION

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 _____
My Commission expires on: _____ / _____ / _____

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ (name of 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 _____



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-EXCLUSION FORM

CGCC – 037 (Rev. 07/13)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to this completed form.
 You may hand this completed form in to any Cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Name (such as Maiden name), Nickname, or Alias / A.K.A.):

Home Address:

Street (No P.O. Box)	City	State	Zip Code
----------------------	------	-------	----------

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code
--------------------	------	-------	----------

Home Telephone Number:

()

Business Number:

()

Games most often played:

SECTION 2: TERM OF EXCLUSION (*Irrevocable during the time period specified*)

Please Initial Appropriate Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven:

License Plate:

AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND SHOULDERS OF
 PERSON TO BE EXCLUDED

SECTION 4: DECLARATION

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

(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 and/or use any of the services or privileges of a California gambling establishment or participating gambling facility during the period specified in Section 2.

(Initial Here) I acknowledge and understand that should I attempt to enter a California gambling establishment or participating gambling facility or use the services of a gambling establishment or participating gambling facility during the term of exclusion, once identified, I shall be escorted from the gambling establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the gambling establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial Here) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial Here) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

(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 will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Establishment or participating gambling facility, 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 all 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 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.

Signature: _____

Print Name: _____

Date: _____

SECTION 5: NOTARIZATION

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:

/	/
---	---

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ 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 _____