APPENDIX A

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

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:

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.

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.

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 _____________________________________________,

Notary Public Seal:

Signature______________________________________

My Commission expires on: / / 

OR

As a Key Employee of (name of Establishment or participating facility), 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 ______________________________________

/ / 

(Initial Here)
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 Mid. (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):

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

Type of vehicle normally driven: ____________________________ License Plate: ____________________________
SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in ____________________.

[Language]

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

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.

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.

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.

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.

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
[Initial Here]
_________day of ________________, 20_________,
[Initial Here]

By  _____________________________________________,
[Initial Here]
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
[Initial Here]
[name of Establishment or participating facility], I

affirm that on
[Initial Here]
day of ________________, 20_________,
[Initial Here]

I witnessed
[Initial Here]
(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_______________________________________________________