

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 and/or play the Maryland Lottery 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 individuals electing the casino Voluntary Exclusion Program 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.)

16a. I hereby request placement on the following Voluntary Exclusion Program list: Casino

I hereby request placement on the Casino Voluntary Exclusion List for a period of: At least two years Life

16b. I hereby request placement on the following Voluntary Exclusion Program list: Lottery

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

At least two years Life

17. 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 2: Gambling Responsibility Statement

18. 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: 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: (A) processing, maintaining, and enforcing the list; (B) any failure of a facility operator, or a Lottery retailer, 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 4: Acknowledgment and Request to Release Information

- I request that the information provided on this form be disseminated by the Commission to appropriate licensees 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 5: Verification Information

19. Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? (If yes, section eight must be completed.) Yes No Initial _____

20. 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? *(If yes, terminate the interview)* Yes No Initial _____
21. Are you completing this request form of your own free will? *(If no, terminate the interview)* Yes No Initial _____
22. Have you read this request form and do you understand its contents? Yes No Initial _____
23. 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 _____
24. 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 _____
25. Do you understand that, by completing this form, you may contractually agree to redeem or liquidate all your unredeemed items that have monetary value and designate that casino and lottery winnings be contributed to the Problem Gambling Fund? Yes No Initial _____
26. 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 _____
27. Do you have any questions that the Maryland Lottery and Gaming Control Commission staff 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? *(If yes, the interview is terminated)* Yes No Initial _____
28. 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 _____

Section 6: Casino Voluntary Exclusion Only *(Only to be completed by individuals applying to the Casino Voluntary Exclusion Program)*

1. 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

2. 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 _____
3. 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 _____
4. Do you understand that, if your request for voluntary exclusion is granted, you will not be eligible to play any slot machine or table game, and therefore you will not be allowed to collect any winnings at a Maryland casino? Yes No Initial _____
5. Do you contractually agree that, if your request for voluntary exclusion is granted and you do gamble at a Maryland casino, you designate to the Maryland Lottery and Gaming Control Commission that your casino winnings be contributed to the Problem Gambling Fund? Yes No Initial _____
6. Do you understand that, if your request for voluntary exclusion is granted, you are authorizing the Maryland Lottery and Gaming Control Commission to release identifying information about you 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 _____

7. Do you understand that releasing identifying information about you to the gaming 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 _____

8. 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 _____

Maryland Gaming License Number (if you have one):

Job Title _____

9. 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.

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 have contractually agreed that any and all of my Maryland casino winnings are designated to the Problem Gambling Fund. I understand 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 7: Lottery Voluntary Exclusion Only *(Only to be completed by individuals applying to the lottery Voluntary Exclusion Program)*

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

Signature of Applicant for Voluntary Exclusion

Date

2. Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to refrain from purchasing any Maryland lottery tickets? Yes No Initial _____

3. Do you contractually agree that, if your request for voluntary exclusion is granted and you do play the Maryland Lottery, you will redeem or liquidate all your unredeemed items that have monetary value and designate that your lottery winnings go to the Problem Gambling Fund? Yes No Initial _____

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 all lottery games 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. 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 have contractually agreed that during any period of voluntary exclusion, I designate that all my winnings resulting from any play of the Maryland lottery will go to the Problem Gambling Fund.

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 to maintain the voluntary exclusion list. By law, the information on the list is not 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 _____

Phone Number _____

Street address _____

Language spoken by interpreter _____

City, State, and Zip _____

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.

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 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 Request.

Signature of Commission employee

Date

Location

The Commission employee or designated agent shall verify the signature of the individual submitting an application for voluntary exclusion and inform the individual that he/she will be notified, in writing, by the Maryland Lottery and Gaming Control Commission when his/her application is approved and the individual is placed on the voluntary exclusion list.

For Internal Use Only

Date Received: _____

Date Processed: _____

By: _____

Approved: _____ Denied: _____



Request for Enrollment in the Voluntary Exclusion Program (Lottery)
Statement of Intent

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

- (1) I am voluntarily committing to refrain from purchasing and playing Maryland Lottery games 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 Lottery licensed retailers nor the Maryland Lottery and Gaming Control Commission have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) I have contractually agreed that, during my period of voluntary exclusion, I will redeem and designate any and all of my lottery prizes that I win to the Problem Gambling Fund.
- (5) 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 Lottery and Gaming Control Agency approves my request for removal, I must refrain from purchasing and playing Maryland Lottery.

Signature of individual requesting exclusion

____/____/_____
Date

Responsibilities of Participants in the Maryland Voluntary Exclusion Program (Lottery)

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

- You have agreed to not purchase or play any Maryland Lottery game that is under the jurisdiction of the Maryland Lottery and Gaming Control Commission.
- It is your responsibility to refrain from purchasing and playing any Maryland Lottery game and not the responsibility of the Maryland Lottery and Gaming Control Commission or a Lottery retailer to deny you service.
- 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. 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 Commission.
- Any time your personal information changes you must provide the Maryland Lottery and Gaming Control Commission with the updated information.
- For the period of your exclusion, you have contractually agreed to redeem or liquidate all your unredeemed items that have monetary value and designate that your lottery winnings go to the Problem Gambling Fund.
- You must notify the Maryland Lottery and Gaming Control Commission 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 Commission in enforcing the VEP by ensuring that VEP participants are not subjected to predatory marketing.

Summary of Maryland Voluntary Exclusion Program (Lottery) Rules

Pursuant to COMAR 36.01.03, the following rules apply to enrollees in the Voluntary Exclusion Program for Lottery (VEP):

VEP Enrollment:

- An individual seeking enrollment in the VEP is asking to be self-prohibited from playing any lottery game offered by the Maryland Lottery and Gaming Control Agency.
- 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.
- All participants must sign a waiver and release discharging the State from liability.

Placement on the VEP:

- If an individual is placed in the program, his or her name will appear on a list of excluded individuals, which will be monitored and enforced by the Maryland Lottery and Gaming Control Agency for prize claiming.
- It is the personal responsibility of the individual enrolled in the VEP to not play Maryland Lottery games, and not the responsibility of the Maryland Lottery and Gaming Control Commission or any licensed retailer to keep the individual from purchasing Lottery tickets.
- Individuals in the VEP may contractually agree to redeem or liquidate all unredeemed items that have monetary value and designate that their winnings be contributed to the Problem Gambling Fund.

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 Commission 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

Date

Signature of MLGCA staff

Date