



Nebraska Voluntary Self-Exclusion Enrollment Form



Please type or clearly print in ink, all information requested on this form.

(* Denotes required field.

SECTION 1: TERM OF EXCLUSION <i>(Check One)</i>			
1 year	3 years	5 years	Lifetime
*Today's Date (Term Start):		*Reinstatement eligible:	
Previously enrolled in Nebraska Voluntary Self-Exclusion Program? <i>(Check One)</i>	Yes	No	

SECTION 2: PERSONAL INFORMATION						
First Name*			Last Name*			
Address*	Apt.	City*	State*	Zip*	Country	
*Phone or Email						

SECTION 3: IDENTIFYING INFORMATION		
Gender*	Height	Date of Birth*
Male Female Other _____		
*Last 4 Digits Social Security Number XXX-XX- _____		
*Race	___ White ___ Asian (Indian, Chinese, Vietnamese) ___ Black/African American ___ Native Hawaiian/Pacific Islander ___ Native American/Alaskan Native Other: _____	
Are you of Hispanic origin? <i>(Check One)</i> Yes No		

**Please affix or submit 2x2" recent, passport-style color photo along with application.*

Please affix or submit photo of identification (license, passport, etc.) This does not replace the photo requirement.

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SECTION 4: Terms and Conditions

(Initial) I understand that by placing my name on the Voluntary Self-Exclusion list, I am prohibited from entering the gaming area of a gaming establishment ("Casino") or any area in which pari-mutuel or simulcasting wagers are placed until I have completed a reinstatement session at the completion of my selected exclusion period.

(Initial) I understand that this Voluntary Self-Exclusion Agreement applies to all gaming establishments licensed by the Commission in Nebraska, any affiliates of the gaming license, whether within Nebraska or another jurisdiction, and that the Commission may share the list with other domestic or international gaming jurisdictions resulting in placement on those lists.

(Initial) I understand that my information may be included on a no-marketing list maintained by the gaming establishments licensed by the Commission in Nebraska which will be shared with junket operators, but that my inclusion on such lists will not identify me as being on the Voluntary Self-Exclusion list.

(Initial) I am submitting this application voluntarily of my own free will, free from outside influence, and I am doing so understanding the effects of my decision.

(Initial) I am not presently under the influence of drugs or alcohol or suffering from a health or mental health condition that impairs my ability to make an informed decision.

(Initial) I acknowledge this Voluntary Self-Exclusion request is irrevocable during the below time period as selected in Section 1. **An individual may only select the lifetime duration if their name previously appears on the Voluntary Self-Exclusion list for at least six months.*

____ 1 year ____ 3 years ____ 5 years ____ Lifetime

(Initial) I understand that I may be refused entry and/or ejected from the gaming area of a gaming establishment ("Casino") by the gaming licensee, an agent of the Commission, or law enforcement personnel.

(Initial) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment during the exclusion period and until I have completed a reinstatement session.

(Initial) I understand that any and all rewards and points earned through my player reward program to date shall be forfeited.

(Initial) I agree that should I violate the agreement to refrain from entering a gaming area of a gaming establishment or any area in which pari-mutuel or simulcasting wagers are placed during the exclusion period ("The Excluded Area"), I will notify the Commission of such violation within 24 hours of my presence within The Excluded Area; and agree to release and hold harmless the State of Nebraska, the Nebraska Racing and Gaming Commission, the Licensee, and all affiliated employees from any claims associated with my breach of this agreement.

(Initial) I agree to release and hold harmless the State of Nebraska, the Nebraska Racing and Gaming Commission, and all affiliated employees from any claims associated with the administration of the Voluntary Self-Exclusion list.

(Initial) I understand that I am only eligible for reinstatement upon completion of my selected duration of exclusion. I can request removal from the list by participating in a reinstatement session with a designated agent. My name shall remain on the list after the completion of the selected duration of exclusion until such time when I submit a petition for removal and it is approved by the Commission or its designee.

(Initial) I agree to schedule and participate in a reinstatement session with a designated agent in order to remove myself from the list. A reinstatement session may be scheduled by contacting Nebraska Racing and Gaming Commission at yse@nebraska.gov (402-471-4155) or with the agent with whom you originally enrolled.

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(Initial)

I am aware that my signature below authorizes the Nebraska Racing and Gaming Commission to direct all Nebraska gaming Licensees ("Casinos") to suspend my credit privileges during my exclusion.

(Initial)

I understand that by placing my name on the list, I will be denied access to complimentary services or items, check cashing privileges, player reward programs, and other similar benefits to persons on the list.

(Initial)

I certify that I have been offered a signed copy of the Nebraska Voluntary Self-Exclusion Form by the processing agent.

(Initial)

I have been offered information about problem gambling resources and treatment providers.

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SECTION 5: Release of Information

_____ I understand that the Nebraska Racing and Gaming Commission and its agents **will** release my information contained in
(Initial) this form to gaming licensees ("Casinos") for maintenance of the Voluntary Self-Exclusion list. I understand that the
Voluntary Self-Exclusion list is exempt from disclosure under Nebraska law and shall not be publicly disclosed by a gaming
licensee.

SECTION 6: Acknowledgment

I attest that the information which I have provided in this form is true and accurate.

ENROLLEE PRINT NAME

ENROLLEE SIGNATURE

DATE

DESIGNATED AGENT PRINT NAME/TITLE

DESIGNATED AGENT SIGNATURE

DATE

I further attest that one or more of the following apply:

_____ I identify as a "problem gambler," meaning an individual who believes my gambling behavior is currently, or may
in the future without intervention, cause problems in my life or on the lives of my family, friends, or co-workers.

_____ I feel my gambling behavior is currently causing problems in my life or may, without intervention, cause
problems in their life.

_____ There is some other reason why I wish to add my name to the Self-Exclusion List.

SECTION 7: Interpreter Information (if applicable)

Only for persons who require an interpreter:

The person submitting this application required the assistance of an interpreter or legal guardian in order to complete their application. The name, address, phone number, of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the Nebraska Racing and Gaming Commission employee or its designee and that the person requesting participation in the Voluntary Self-Exclusion program has indicated that he/she understands the documents included in the request form.

Full name of interpreter _____ Address _____

Languages Spoken _____

Email _____ Telephone: _____

I, _____, through my signature below affirm, attest and acknowledge that I have served as an interpreter for _____ to assist him/her in completing this request. I affirm and attest that I have completely and accurately communicated all instructions from the Nebraska Racing and Gaming Commission employee or designated agent verifying this request.

Signature of Interpreter/legal guardian _____ Date _____