

WHEREAS:

The Casino and REC Voluntary Self-Exclusion program (the "Program") is designed for people who feel it is in their best interest not to participate in casino gambling. People who choose to participate in the Program voluntarily agree to keep themselves out of, and be banned from, all licensed casino facilities ("Casinos") and racing entertainment centres ("RECs") in Alberta. The Alberta Gaming and Liquor Commission ("AGLC") and the operators of all Casinos and RECs in Alberta are prepared to help participants in the Program to exclude themselves.

Read &
Understood
(Initial)

AGREEMENT:

In consideration of the AGLC and the operators of all Casinos and RECs in Alberta helping me exclude myself from Casinos and RECs:

- I, _____, of _____ agree that I will not enter into any Casinos or RECs in Alberta during the term of this Agreement. _____
- I request that I be refused entry to **ALL** Casinos and RECs in Alberta and be prohibited where reasonably possible from entering onto, or in any way trespassing upon any Casinos or RECs, as of the date this Agreement is signed. _____
- I acknowledge that the AGLC and all Casinos and RECs in Alberta require my photograph and personal information in order that the facility licensee can take all reasonable steps to ban me. I consent to having such photograph(s) of me taken and providing the information required. _____

I further agree that:

- This Agreement shall expire after six (6) months or at such later time as I may request:
 6 months 1 year 2 years 3 years (max.)
 Start Date _____ Expiry Date _____
- I cannot modify, revoke, withdraw or rescind this Agreement prior to its expiry. In the event I wish to extend the expiry date specified above, I must complete a new Agreement. _____
- If I attend any Casino or REC in Alberta during the term of this Agreement, and I am identified by AGLC or facility staff, I will be requested to leave the facility. If I refuse or become a repeat trespasser, I understand that I may be removed and/or be prosecuted. _____
- By participating in the Program, I have determined that it is not in my best interest to gamble in Casinos and RECs and that I may have a gambling problem. I understand that I can contact the AADAC Problem Gambling 24 hour help line at 1-866-332-2322. _____
- If I enter, or attempt to enter into a Casino or REC before this Agreement expires, I will be in violation of this Agreement. _____
- I agree that I am entering into this Agreement voluntarily and that I am personally responsible for ensuring that I comply with this Agreement. I agree that I am willing and able to keep myself out of all Casinos and RECs in Alberta. _____
- If I attempt to violate this Agreement by entering into a Casino or REC before this Agreement expires, I understand that there is a risk that neither the AGLC nor any Casino or REC can guarantee that I will be properly identified and prohibited from entering or remaining in a Casino or REC despite whatever reasonable steps may be taken to ban me. _____
- If I violate this Agreement by entering into a Casino or REC before this Agreement expires, I may expose myself to risk of serious financial loss as well as to other non-financial damages and losses. _____
- **RELEASE AND INDEMNITY - PLEASE READ CAREFULLY** - I understand that by entering this Agreement I am not placing any obligation, duty or responsibility on anyone except myself. I specifically waive any legal right of action that I have or may acquire in the future against the AGLC, its employees, representatives and officials and any operators of Casinos or RECs for any damages arising from my violation of this Agreement or arising otherwise as a result of my participation in the VSE program. I further agree that the AGLC and any operator of a Casino or REC will not be held responsible for any damages, including financial loss or otherwise, incurred or caused, by me which arise from my violation of this Agreement and I agree to indemnify the AGLC and any operators of Casinos or RECs for any damages or loss so caused. _____
- I understand that I have the right to seek independent legal or other professional advice before signing this Agreement. _____

This form must be returned to the issuing Casino's or REC's Security Desk or any AGLC office not prior to 48 hours after receiving it.

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
First Name: _____	Last Name: _____	Date of Birth: _____ mm dd yy
Address: _____		Operator's Lic #: _____
City/Town: _____	Province: _____	or other ID shown <input type="checkbox"/>
Postal Code: _____	Phone No: _____ (day)	Phone No: _____ (night)
Applicant's Signature _____		Date _____
Name of Issuing Casino/Agency _____		
Name and Signature of Employee Issuing Application _____		Date _____
Name and Signature of Employee Accepting Application _____		Date _____

<p>Freedom of Information and Protection of Privacy Act</p> <p>The information you provide on and with this agreement is collected under the authority of the Gaming and Liquor Act and the Freedom of Information and Protection of Privacy Act, Section 33(c). It will be used for the administration of the Voluntary Self-Exclusion Program, for contact purposes and program evaluation. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request.</p>	<p>If you have any questions about the collection or use of this information, contact Social Responsibility Division at:</p> <p>Social Responsibility Division Alberta Gaming and Liquor Commission 50 Corriveau Avenue St Albert, Alberta T8N 3T5 Telephone: (780) 447-8600 Fax: (780) 447-8800 Toll-free at 1-800-272-8876</p>
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