



STATE OF MAINE  
Department of Public Safety  
Gambling Control Unit  
87 State House Station Augusta, Maine 04333-0087

**Sports Wagering  
Unauthorized List  
Exclusion Request  
MGCU - 8500**

**1. Name:** \_\_\_\_\_  
Last (include Sr., Jr., etc. if applicable) First Middle

**2. Home Address:** \_\_\_\_\_  
Number and Street Apt. #  
  
City State Zip Code

**3. Primary Telephone Number:** \_\_\_\_\_

**4. Last Four Digits of Social Security Number :** \_\_\_\_\_

*Disclosure of the last four digits of your social security number for this purpose is voluntary. Your last four digits of your social security number will be used only for confirming your identity as an individual who has voluntarily requested exclusion from the premises and or mobile platforms of all Maine casinos, slot facilities, licensed mobile operators, management services providers, commercial tracks and off track betting (OTB) facilities. It will be disseminated along with your other identifying information to the above mentioned organizations.*

**5. Date of Birth:** \_\_\_\_\_ **6. Height:** \_\_\_\_\_ **7. Weight:** \_\_\_\_\_ **8. Hair Color:** \_\_\_\_\_

**9. Eye Color:** \_\_\_\_\_ **10. Gender:** Male Female

**11. Distinguishing Physical Marks** (birthmarks, scars, tattoos, etc.): \_\_\_\_\_  
\_\_\_\_\_

**12. Are you known by any other name or names?** Yes No  
If yes, list the additional name(s) below (include maiden name, aliases, nicknames or any other name)

\_\_\_\_\_

**13. Wagering Account Numbers (if available):** \_\_\_\_\_

**14. Term of Exclusion:** 1 year 3 years 5 years

Lifetime after completing one of the terms above Life

\_\_\_\_\_  
(Initial here)

Patron may return to sports wagering activity on (MM/DD/YYYY) \_\_\_\_\_

## 15. Waiver and Release:

I hereby release and hold harmless the State of Maine, the Maine Gambling Control Unit and its employees and agents, the Department of Public Safety and its employees and agents, the Maine Center for Disease Control and Prevention and its employees and agents, and all licensed mobile operators, management services providers, commercial tracks as defined in section 275-A, not located in Bangor, Maine casinos or slot facilities, off track betting (OTB) facilities licensed under section 275-D or public law 2019, chapter 626, section 16 and their affiliated companies, employees, officers, agents, and assigns (collectively, the “Released Parties”), from any and all claims in law or equity by me, my family members, heirs, legal representatives, or any third party for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this exclusion request including: (1) its processing, maintenance or enforcement; (2) the failure of a mobile operator, management services provider, commercial tracks, Maine licensed casino, slot or OTB facility to withhold gaming privileges from, or to restore gaming privileges to me; (3) permitting me to engage in sports wagering activity by a mobile device or in a licensed casino, slot, racetrack or OTB facility while on the list of unauthorized persons; (4) the forfeiture of any money or thing of value obtained by me from, or owed to me by, a mobile operator, casino, slot, track or OTB facility as a result of wagers made by me while on the unauthorized list; and (5) disclosure of the information contained in the exclusion request or unauthorized list, except for a willfully unlawful disclosure of such information. I further agree, in consideration for the Released Parties’ efforts to implement my exclusion, to indemnify and hold harmless the Released Parties for any and all liabilities, suits, claims, judgments, damages, and expenses of any kind, including reasonable attorney fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

## 16. Acknowledgment: Initial each line to the left as an understanding of the statement made

\_\_\_\_\_  
(Initial here) I acknowledge that I voluntarily seek to exclude myself from mobile sports wagering and the premises of all licensed sports wagering at Maine casinos, slot, track and OTB facilities, including those opened or acquired after the date of this request, for the term specified in question 14.

\_\_\_\_\_  
(Initial here) I understand and agree that my self-exclusion request is **irrevocable** during the time period specified in question 14, except if my exclusion is lifetime and I have successfully applied for and been removed from the lifetime voluntary unauthorized persons list.

\_\_\_\_\_  
(Initial here) I agree that I will not attempt to make a mobile wager or enter the premises of and/or use any of the services or privileges of any Maine licensed casino, slot, track or OTB facility during the period selected in question 14.

\_\_\_\_\_  
(Initial here) I agree not to enter or attempt to enter any area of a casino, slot facility, track or OTB where sports wagering is offered.

\_\_\_\_\_  
(Initial here) If I enter the sports wagering premises of a casino, slot, track or OTB facility, I understand I may be escorted from the facility. I understand attempts to breach my self-exclusion may result in placement by the Gambling Control Unit on the involuntary unauthorized persons list.

\_\_\_\_\_  
(Initial here) I understand and agree that this exclusion will prevent the issuance of wagering credit; check-cashing or cash advance privileges; receipt of direct marketing and promotion materials regarding wagering opportunities; accumulation or redemption of player recognition program points, rewards or benefits; and collection of any winnings or recovery of any losses during the exclusionary period.

\_\_\_\_\_  
(Initial here) I acknowledge and understand that this exclusion request does not affect any debts incurred prior to or during the exclusion period.

\_\_\_\_\_  
(Initial here) I understand and agree that it is my personal responsibility and not the responsibility of the State of Maine, the Maine Gambling Control Unit or its employees or agents, or any Maine licensed mobile operators, casino, slot, track or OTB facility to stop me from wagering or entering the sports wagering premises of a casino, slot, track, or OTB facility.

\_\_\_\_\_  
(Initial here) I authorize the Maine Gambling Control Unit to disseminate this form, my photograph and identifying information to Maine licensed mobile operators, casinos, slots, tracks or OTB facilities and their agents for the purpose of enforcing the unauthorized list.

\_\_\_\_\_  
(Initial here) I understand that Maine licensed mobile operators casinos, slot, track or OTB facilities may share this information with affiliated wagering entities in other jurisdictions. I understand and agree that I may be subject to the exclusion policies of and excluded from those affiliated casinos located outside of the State of Maine and that it is my responsibility to determine if a casino company has a policy that will ban me from playing at or visiting those casinos when I travel outside of Maine.

**I certify that the information that I have provided herein is complete and accurate. I further certify that I have read, understand, and agree to the above terms and conditions, including the acknowledgement and the waiver and release, and to the terms of the self-exclusion program authorized by Maine law. I execute this document voluntarily, without threat or promise, and with full knowledge of its consequences and significance.**

\_\_\_\_\_  
Signature of person voluntarily self-excluding

\_\_\_\_\_  
Date

Would you like someone to follow up with you about problem gambling resources, including support meetings, counseling services, and free self-help resources? If so, do you consent to share your contact information with the State of Maine's Problem Gambling Services Provider?

**YES** - Please provide email address or phone number you wish to be contacted at below

**OK** to leave voicemail? (Check One)    **Yes**                      **No**

**NO** - I do not want anyone to follow up with resources.

<b>For Completion by Authorized Official</b>
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**Method of Proof of Identification:**

Driver's License      Passport      State ID      Military ID      Other      \_\_\_\_\_  
(Please List)

Identification Number: \_\_\_\_\_

**I have reviewed this form to ensure that it is complete. I certify that the signature above appears to agree with that contained on the identification presented and any physical description or photograph of the person appears to agree with his or her actual appearance.**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name