



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

Gambling Control Board Self-Exclusion Request MGCB -2100

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. Social Security Number: _____

Disclosure of your social security number for this purpose is voluntary. Your social security number will be used only for confirming your identity as an individual who has voluntarily requested exclusion from the premises of all Maine casinos and slot facilities and will be disseminated to licensed Maine casinos and slot facilities along with your other identifying information.

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. Player Club Number (if available): _____

14. Term of Exclusion: 1 year 3 years 5 years Lifetime _____
(initial here)

Guest may return to the casinos on (MM/DD/YYYY) _____

Note: Returning to the casinos prior to the above date will be considered a violation of this agreement and may be considered criminal trespassing. If you are unsure when you are allowed to return, it is best to contact the casinos or MGCU by phone first.

15. Waiver and Release:

I hereby release and hold harmless the State of Maine, the Maine Gambling Control Board 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 Maine casinos or slot facilities 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 self-exclusion request including: (1) its processing, maintenance or enforcement; (2) the failure of a Maine licensed casino or slot facility to withhold gaming privileges from, or to restore gaming privileges to me; (3) permitting me to engage in gaming activity in a licensed casino or slot facility while on the list of self-excluded persons; (4) the forfeiture of any money or thing of value obtained by me from, or owed to me by, a casino or slot facility as a result of wagers made by me while on the self-exclusion list; and (5) disclosure of the information contained in the self-exclusion request or 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 here) I acknowledge that I am a problem gambler and I voluntarily seek to exclude myself from the premises of all Maine casinos and slot 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 in the case of a lifetime exclusion. In the case of a lifetime exclusion, I understand and agree that I will be able to petition the Board for relief from the self-exclusion list in five years, but that my petition for relief may be denied.

(initial here) I agree that I will not attempt to enter the premises of and/or use any of the services or privileges of any Maine licensed casino or slot facility during the period selected in question 14. I understand that the premises of a casino or slot facility include the gaming floor, restaurants, and hotels.

(initial here) If I enter the premises of a casino or slot facility, I request and consent to being escorted from the gaming establishment. I understand and agree that I may be arrested and prosecuted for criminal trespass pursuant to 17-A M.R.S.A. § 402, and that my continued non-cooperation or attempt to breach my self-exclusion may result in placement by the Gambling Control Board on the involuntary exclusion list.

(initial here) I understand and agree that this exclusion will prevent the issuance of gaming credit; check-cashing privileges; receipt of direct marketing and promotion materials regarding gaming 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 understand and agree that during the self-exclusion period, any money or thing of value obtained by me from, or owed to me by, a casino or slot facility as a result of wagers made by me while on the self-exclusion list may be confiscated and remitted by the casino or slot facility to the Gambling Control Board. I request and consent to the confiscated money or things of value being used or donated as required by Maine law.

(initial here) I acknowledge and understand that this self-exclusion request does not release me from any debts incurred prior to or during the self-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 Board or its employees or agents, or any Maine licensed casino or slot facility to stop me from entering the premises of a casino or slot facility.

(initial here) I authorize the Maine Gambling Control Board to disseminate this form, my photograph and identifying information to Maine licensed casinos and slot facilities and their agents for the purpose of enforcing the self-exclusion list.

(initial here) I understand that Maine licensed casinos or slot facilities may share this information with affiliated gaming entities in other jurisdictions. I understand and agree that I may be subject to the self-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:

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

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

For Completion by Authorized Official

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

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