



Self-Exclusion Agreement Form

SAMPLE



SelfExclusion.ca

THIS SECTION TO BE COMPLETED BY PARTICIPANT

PROGRAM HISTORY

Have you previously participated in AGLC's Self-Exclusion Program? Yes No

Participants enrolled in the Self-Exclusion Program will be ineligible from receiving a prize in a gaming facility. (Gaming, Liquor and Cannabis Regulation s. 34.5) _____ (participant initial)

A. By enrolling in the Self-Exclusion Program I understand I am excluded from casinos, racing entertainment centre (REC) and PlayAlberta.ca.

Please **initial** the ban length you choose below:

6 months _____

1 year _____

2 years _____

3 years _____

- B.** I accept sole responsibility for my own gambling. I agree that 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 may arise from my violation of this Agreement.
- C.** I acknowledge that the Self-Exclusion Program (Program) is not a problem gambling treatment program and I understand I may need assistance from other resources.
- D.** If I enter, or attempt to enter into a casino or REC in Alberta before this Agreement expires, I will be in violation of this Agreement. If I am identified by AGLC or facility staff, I may be issued a trespassing notice under Section 2(1) of the Trespass to Premises Act and will be escorted from the facility. Additionally, you will be contacted by AGLC each time you violate your agreement.
- E.** For identification purposes, AGLC, casinos and RECs require my photograph and personal information (and any transaction information held by the casino/REC) and I consent to the collection of this information.
- F.** The personal information requested for this Agreement is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes of the administration of the Self-Exclusion Program. This may include exercises necessary for continuous improvement of the Program including surveys and research. If you have requested that we do not contact you regarding the Program, you will not be contacted for these surveys.
- G.** I understand that I am not permitted to volunteer in a casino and/or REC during the term of the Agreement.

I agree that I cannot modify, revoke, cancel, withdraw or rescind this Agreement before it expires. If I wish to remain on the Program once my agreement has expired, I must complete a new agreement.

_____ (participant initial)

THIS SECTION MUST BE COMPLETED BY AGLC OR CASINO EMPLOYEE

CONTACT INFORMATION

Contact information **MUST BE** recorded directly as it appears on the participant's government issued valid photo identification. If mailing address differs from identification please specify below.

Identification confirmed: Yes No

How do you self-identify? Man Woman Another/prefer to specify _____
 I prefer not to respond

PLEASE PRINT CLEARLY.

Last Name **First Name** **Middle Name**

Date of Birth (yy/mm/dd)

Eye Colour **Hair Colour (current)** **Height (inches/cm)** **Weight (lbs/kgs)**

Mailing Address

City/Town **Province** **Postal Code**

Contact Number **Email Address**

If you do not wish to receive correspondence regarding your participation in the Self-Exclusion Program please check do not send mail. However, in the event of a re-entry violation or privacy breach, we require that you provide either a mailing address or email address in order to notify you.

Do not send mail

I agree and understand the terms of this agreement, and that all contact information and selections made are correct. If any of the information changes, I will notify the AGLC Self-Exclusion Program Specialist at 780-447-7582 or toll-free at 1-844-468-8034 or email at se@aglc.ca.

Name of Participant (PRINT) Participant Signature Date (yy/mm/dd)

Name of Employee Completing Agreement(PRINT) Time of Day

Employee Signature

Name of Issuing Casino or Issuing Agency Date (yy/mm/dd)