

Self-Exclusion Agreement Form



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 in	neligible 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 le	ength 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)

EMPLOYMENT PROVIS	SION	
	at, or does your employment require form paid work while on the Self-Exc	
Yes 🗌 No		
f yes, what is the nature of y equired to enter?	our work and which casinos and/or ra	acing entertainment centre are you
f you are a contractor or sub pecialist in advance of ente		ct the AGLC's Self-Exclusion Program
	VISOR FOLLOW-UP CONTACT	
	e to be contacted by AGLC staff who	
Agree	(participant initial requ	ired to agree to further contact)
HOW WOULD YOU LIKE TO	BE CONTACTED: 🗌 Phone 🔲 T	ext 🔲 Email
	ERTAINMENT CENTRE PLAY H	🗌 🗌 Afternoon 🔲 Evening
Games played	Morning Time of day u Th F Sat Sun	🗌 🗌 Afternoon 🔲 Evening
Games played M T W Days of the week usually played	Morning Time of day u Th F Sat Sun	Afternoon Evening sually played
Games played M T W Days of the week usually played	Morning Time of day u Th F Sat Sun ed (check all that apply)	Afternoon Evening sually played
Games played M T W Days of the week usually playe CASINO/RACING ENTE	Morning Time of day u Th F Sat Sun ed (check all that apply)	Afternoon Evening sually played
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Games played M T W Days of the week usually played CASINO/RACING ENTER DO YOU HAVE A WINNI DTHER CONTACT INFO agree that staff from AGLU nformation regarding my s	Morning Time of day u Th F Sat Sun ed (check all that apply) ERTAINMENT CENTRE PREFER ERS EDGE LOYALTY CARD?	Afternoon Evening sually played AII ENCE: YES NO AW Partner, Friend) – OPTIONAL gnated as my "other contact" with
Games played M T W Days of the week usually played CASINO/RACING ENTE DO YOU HAVE A WINNI DTHER CONTACT INFO agree that staff from AGL	Morning Time of day use Th F Sat Sum Sat Sum	Afternoon Evening sually played AII ENCE: YES NO AW Partner, Friend) – OPTIONAL gnated as my "other contact" with

PLEASE RETURN AGREEMENT TO AGLC OR CASINO EMPLOYEE COMPLETING SIGN UP PROCESS.

THIS SECTION MUST BE COMPLETED BY AGLC OR CASINO EMPLOYEE

Contact information MUS valid photo identification. I	T BE recorded directly as it ap If mailing address differs from	ppears on the participant's government issued n identification please specify below.
Identification confirmed:	: 🗌 Yes 🗌 No	
How do you self-identify်	? 🗌 Man 🗌 Woman 🗌 Ar	
PLEASE PRINT CLEARLY.		
Last Name	First Name	Middle Name
Date of Birth (yy/mm/dd)		
Eye Colour Ha	air Colour (current) Height ((inches/cm) Weight (lbs/kgs)
Mailing Address		
City/Town		Province Postal Code
Contact Number	Email Address	
		participation in the Self-Exclusion Program please
	ever, in the event of a re-entry vio nail address in order to notify you	u. Do not send mail
		that all contact information and selections made / the AGLC Self-Exclusion Program Specialist at se@aglc.ca.
are correct. If any of the info 780-447-7582 or toll-free at		
780-447-7582 or toll-free at	Participant S	Signature Date (yy/mm/dd)
7 80-447-7582 or toll-free at Name of Participant (PRINT)		Signature Date (yy/mm/dd) Time of Day
Name of Participant (PRINT) Name of Employee Completin		

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the administration of the Self-Exclusion Program. Direct questions about this collection to: Social Responsibility Branch, Alberta Gaming, Liquor & Cannabis at 780-447-7582 or toll-free at 1-844-468-8034 ext. 7582 or email at se@aglc.ca. A privacy statement for the collection of personal information may be found at aglc.ca.