

Voluntary Self-Exclusion Program

DPH PRESENTATION

Reference

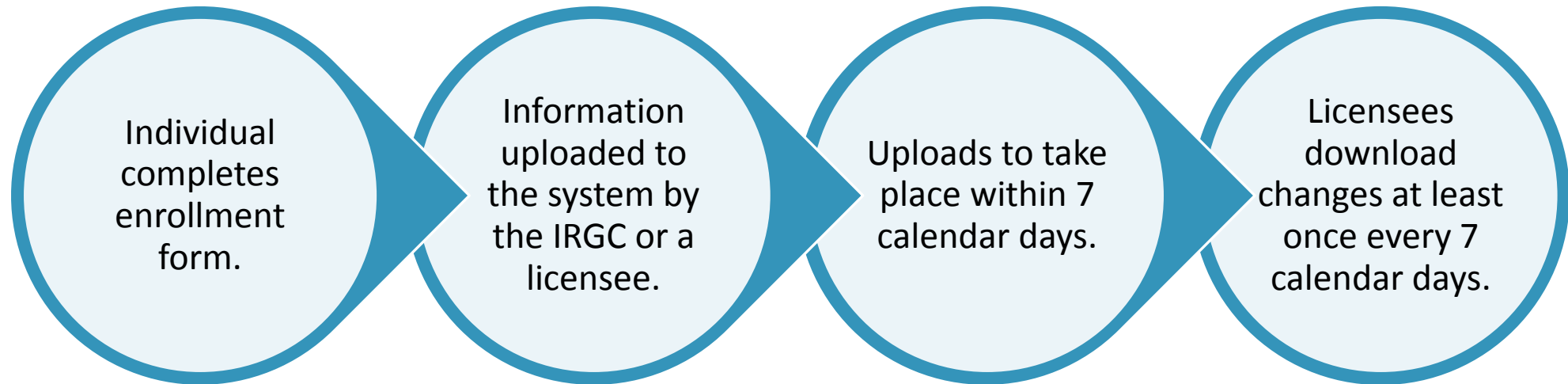
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Program Framework



Confidentiality

The name, social security numbers, and information regarding persons voluntarily excluded shall be kept confidential unless otherwise ordered by a court or by another person duly authorized to release such information.



Contact Information

Address

1300 Des Moines St.
Ste 100
Des Moines, IA
50309

Telephone

515-281-7352

Email

IRGCExclusions@
iowa.gov

Website

irgc.iowa.gov/self-exclusion-program

The Form – Section 1

Section 1: Instructions

All information, except signatures, must be typed or printed. If completed on a computer, print the form, Initial *Section 3: Declaration* where required, and sign *Section 4: Signatures* where required.

For enrollment to be processed, a recent photograph showing only the head and shoulders must be provided. The enrollee must also attach a copy of the front of a current valid state ID, driver's license, or passport.

The enrollee should mail this completed form, their picture, and a copy of their ID to:

Iowa Racing & Gaming Commission
1300 Des Moines St., Ste. 100
Des Moines, IA 50309-5508

The Form – Section 2

Section 2: Personal Information

Please complete the information below. An asterisk (*) indicates a required field.

*Last Name:	*First Name:	Middle Name:	Suffix:
Aliases or Other Names:		*DOB (mm/dd/yyyy):	*Gender:
*Physical Address:	*City:	*State:	*Zip Code:
Primary Telephone #:	Email Address:		
*Social Security # (or international ID if no SSN):	*State ID/Driver's License/Passport #:	*Issuing State:	
*Mailing Address (If different from physical address):			

The Form – Section 2

*Attach recent photograph showing only head and shoulders of person to be excluded below.

*Attach a copy of driver's license, state ID, or Passport below.

The Form – Section 3

Section 3: Declaration

Initial next to each paragraph. I understand:

Initial
here

I am electing to voluntarily exclude myself for the term selected in Section 4: Signatures from wagering with a licensed entity, current or future, as defined by Iowa Codes 99D and 99F. I agree to forfeit any money or thing of value that has been obtained by or is owed to me as a result of a wager with a licensee after I sign up. I understand payment of any winnings will be withheld.

Initial
here

I will not enter or attempt to enter a gaming floor or wagering area of any facility licensed by the IRGC while enrolled in this program. I understand that entering any such area may be considered criminal trespassing and I may be arrested and prosecuted for this, or other violations of criminal law. This form shall act as the notice required under the Iowa trespassing statute that I have been notified by all Iowa licensees, current or future, that I am to abstain from entering their gaming floors and/or wagering areas.

Initial
here

I understand the ultimate responsibility to abstain from wagering with, or accessing gaming floors or wagering areas of all licensed facilities, current or future, is mine alone.

Initial
here

I understand Iowa casino operators or other licensed entities may have a corporate policy that will cause this exclusion to apply to all the casinos they own, manage, or operate in other states and countries, or casinos they acquire after the date this form is signed. I understand it is my responsibility to educate myself on any such policies or changes.

Initial
here

I authorize and request the IRGC release my photograph and all other information provided on this form that is necessary for an Iowa licensed entity to enforce my voluntary self-exclusion.

Initial
here

I understand pursuant to Iowa law, the state and any licensees shall not be liable to any person for any claim which may arise out of any act or omission relating to the enrollment process for self-exclusion, or maintenance, or enforcement of the self-exclusion program.

The Form – Section 4

Section 4: Signatures

I confirm all information on this enrollment form is true, accurate, and complete. I understand that I must enroll for either a 5-year or lifetime term. I understand that a lifetime term is final and irrevocable.

Initial in the box of the term for which you're enrolling:

5-Year

Lifetime

Enrollee Signature: _____

Date (mm/dd/yyyy): _____

The Form – Section 4

Notarization

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____
by _____, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Notary Public Seal:

Signature of Notary Public: _____

Questions?