



CATAWBA
TWO KINGS
CASINO

Please Use Ink and Print Clearly:

Date: ____ / ____ / ____

Full Name: (Last, First, Middle) _____ Driver's License or State ID #: _____

Street Address: _____ Date of Birth: ____ / ____ / ____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Player's Card Number: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Alias/Nicknames: _____ Scars/Marks/Tattoos: _____

I am requesting that my self-exclusion be in place for the following amount of time: (Circle **One**) **1 Year** OR **Lifetime**

1-Year: I _____ (initial here) acknowledge that if I have selected a time period of "1-year" that I will not attempt to enter and/or use any of the services or privileges of the Catawba Two Kings Casino or facilities until the following date, which is defined as one year plus one day, from the date written on this form.

That date is as follows: ____ / ____ / ____

OR

Lifetime: I _____ (initial here) acknowledge that if I have selected a time period of a "Lifetime" that I will not attempt to enter and/or use any of the services or privileges of the Catawba Two Kings Casino or facilities indefinitely.

I, _____, acknowledge that I am voluntarily requesting and authorizing Catawba Two Kings Casino and the Catawba Nation Gaming Commission to place myself on the list of self-excluded persons. I acknowledge that this exclusion applies to the Catawba Two Kings Casino located at 538 Kings Mountain Blvd., Kings Mountain, NC 28086 along with any future gaming operation regulated by the Catawba Nation Gaming Commission. The reason for my request is as follows:



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I certify that the above statement is true and accurate. I acknowledge that the statement given was free of will and that I am not currently under the influence of any alcoholic beverages, mind-altering substances, or suffering from a mental health condition that impairs my ability to make an informed decision.

Signature of Patron: _____ Date: / / Time: _____

This form is being administered by: Employee Name: _____ Badge Number: _____

Department: _____ Signature of Employee: _____

ACKNOWLEDGEMENT (Read and initial each statement before signing)

_____ I certify that the information that I have provided above and in connection with this request is true and accurate.

_____ I acknowledge and understand that I am seeking to exclude myself from the premises of Catawba Two Kings Casino and any other premises in the future that become regulated by the Catawba Nation Gaming Commission.

_____ I acknowledge and understand that should I attempt to enter the Catawba Two Kings Casino or use the services of the facility, my presence will be considered trespassing, and I may be subjected to civil and/or criminal prosecution at the discretion of the Catawba Two Kings Casino.

_____ I acknowledge and understand that the ultimate responsibility to restrict my access to Catawba Two Kings Casino remains mine alone.

_____ I acknowledge and understand that I am ineligible to receive any payouts from Catawba Two Kings Casino, and that I shall forfeit any winnings I receive during my exclusion to Catawba Two Kings Casino. Catawba Two Kings Casino will donate any forfeited winnings to a non-profit charitable organization of its choice.



_____ I acknowledge that I have received problem gambling literature.

_____ I acknowledge and understand that my player's club account will be closed, and any points and promotions are void.

_____ I acknowledge that I am willingly surrendering my player's card. Player's card number _____.

_____ I acknowledge and understand that a photocopy of my Driver's License or State Issued ID will be obtained, along with a picture of myself taken by the issuer of this form.

_____ I acknowledge and understand that neither Catawba Two Kings Casino and any of its employees nor the Catawba Nation Gaming Commission and any of its employee shall be held liable to me or any person in any proceeding regarding any harm, monetary, or otherwise, which may arise as a result of:

- a. The failure of Catawba Two Kings Casino to withhold or restore gaming my privileges: or
- b. any gaming activity I may participate in at Catawba Two Kings Casino while on the list of self-excluded persons: or
- c. My receipt of previously arranged mailings prior to this agreement being processed.

I hereby release and forever discharge the State of North Carolina, the Catawba Nation Gaming Commission, Catawba Two Kings Casino, and their respective directors, officers, employees, and agents (collectively, the "Released Parties"), from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion, including (1) its processing or law enforcement; (2) the failure of anyone to withhold gaming privileges to me, or the failure of anyone to restore gaming privileges to me; (3) permitting me to engage in gaming activity in a licensed gaming facility while on the list of self-excluded persons; or (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information. I further agree to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgements, 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.

Signature: _____

Date: / / Time: _____



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An attached photocopy of this person's Driver's License or State Issued ID will suffice in lieu of this from being notarized if being filled out in person at the Catawba Two Kings Casino.

If this form is being filed via mail, please ensure the following section is notarized.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Public

My Commission expires on: _____