



Virgin Islands Casino Control Commission

3005 Orange Grove

Christiansted, VI 00820

Telephone: 340-718-3616 ★ Fax: 340-718-3136

info@casinocontrolcommission.vi

INSTRUCTIONS

FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

1. Please read carefully the instructions and the Request for Voluntary Exclusion from Casino Gambling (“Voluntary Exclusion Request”), including the waiver and acknowledgement. By signing and submitting the Voluntary Exclusion Request, **you are acknowledging that you are a problem gambler and agreeing to be excluded from all gaming activities at United States Virgin Islands’ licensed casinos for _____ () year(s) (Choose one (1), two (2), or three (3)).** This means you cannot gamble, receive, or use complimentary goods or services, be a member of a slot or players club, receive credit from any casino, cash checks at a casino, collect winnings or recover losses for the chosen period. The casinos are to remove your name from their direct marketing lists.
2. Placement on the self-exclusion list is voluntary and can only be done by the individual seeking exclusion. Submission of the Voluntary Exclusion Request must be made **in person** at the following location during normal business hours (8:00 a.m.-5:00 p.m., Monday-Friday):

Virgin Islands Casino Control Commission

3005 Orange Grove

Christiansted, St. Croix, VI 00820

Tel: (340)718-3616

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3. You are required to bring with you a valid driver’s license, passport, military identification card, permanent resident card or other approved government issued identification that contains your signature and a clear photograph, when submitting the Voluntary Exclusion Request. Your photograph will be taken by Commission personnel.
4. Your photograph and identifying information will be distributed to appropriate casino personnel. The information contained in the Voluntary Exclusion Request and the self-exclusion list maintained by the Commission is not open to public inspection and every effort will be made to maintain its confidentiality. However, the Commission and casinos are not liable for any disclosures of such information other than a willfully unlawful disclosure. Certain limited disclosures by the casinos are permitted. The casinos may inform certain of their agents, including cash advance services and junket representatives, that you are on the self-exclusion list for the purpose of denying you gaming related services. The casinos also are permitted by law to disclose to affiliate gaming entities in this territory or other jurisdiction(s) that you are on the self-exclusion list for the limited purpose of the proper administration of responsible gaming programs administered by the affiliated gaming entities. Further, the casinos may alert other Virgin Islands casinos to be vigilant should you attempt to gamble while on the self-exclusion list.
5. **Self-exclusion remains in effect until you request removal in writing, notwithstanding that the term selected in paragraph 1 has expired. Removal is not automatic.** You must remain on the self-exclusion list for a **minimum period of SIX (6) MONTHS**. At the conclusion of the minimum period, you can request an early removal from the self-exclusion list, the request for removal must be in writing and approved by the Commission. The Commission can grant or deny your request. If you are granted

an early removal and you subsequently file another Voluntary Exclusion Request, you must remain on the self-exclusion list for the full period of years you chose in paragraph 1 and the Commission will deny any request for early removal.

- 6. **It is your responsibility to refrain from gaming activities.** The Commission and the casino(s) are not liable for any acts or omissions in processing or enforcement of your request for self-exclusion, including failure to withhold your gaming privileges. If you are caught gambling at a casino, you will be subject to forfeiture of any winnings, including any chips, tokens, or electronic gaming device credits in your possession, and you will be escorted from the gaming floor. The Commission and the casino(s) also are not liable for any acts or omissions in processing or enforcement of any later request by you to be removed from the self-exclusion list.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THESE INSTRUCTIONS FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING IN THE UNITED STATES VIRGIN ISLANDS AND I FULLY UNDERSTAND ALL TERMS AND CONDITIONS.

DATE: _____

SIGNATURE

ACKNOWLEDGEMENT

STATE OF: _____)

COUNTY OF: _____)

On this _____ day of _____, 20____, before me, personally appeared, _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the said instrument for the purpose(s) stated therein.

WITNESS my hand and official seal

NOTARY PUBLIC

My Commission Expires: _____



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REQUEST FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

This form is to be completed by the person requesting to be excluded from gaming activities at all Virgin Islands casinos. The information provided on this form is **confidential**.

Please Print or Type The Answers To The Following Questions In The Spaces Provided.

1. Name: _____
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

2. DO YOU USE ANY OTHER NAME OR NAMES? YES _____ NO _____. IF YES, LIST ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):

3. HOME ADDRESS:

NUMBER AND STREET APT#

CITY STATE ZIP CODE

4. MAILING ADDRESS:

NUMBER AND STREET APT#

CITY STATE ZIP CODE

5. EMAIL ADDRESS: _____

6. HOME TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

7. WORK TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

8. MOBILE TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

9. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

10. PLACE OF BIRTH: _____

11. HEIGHT: _____
FT-IN

12. WEIGHT: _____
LBS

PLEASE CHECK APPROPRIATE BOX:

13. GENDER:
 (M) MALE
 (F) FEMALE
 X (Unspecified
Or Other Gender Identity)

14. RACE/ ETHNICITY:
 WHITE
 HISPANIC OR LATINO
 BLACK OR AFRICAN AMERICAN
 NATIVE AMERICAN OR AMERICAN INDIAN
 ASIAN / PACIFIC ISLANDER
 OTHER

15. HAIR COLOR:
 (BK) BLACK
 (BR) BROWN
 (BD) BLOND
 (RD) RED
 (GY) GREY
 (WH) WHITE
 (BA) BALD
 (OT) OTHER

16. EYE COLOR:
 (BK) BLACK
 (BR) BROWN
 (HZ) HAZEL
 (BL) BLUE
 (GY) GRAY
 (GR) GREEN
 (OT) OTHER

17. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS:

WAIVER AND RELEASE

I hereby release and forever discharge the Government of the Virgin Islands including the Virgin Islands Casino Control Commission, its employees and agents, the Division of Gaming Enforcement, its employees and agents, and all casino licensees and their employees and agents from any liability to me and to 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 my request for self-exclusion or relating to my request for removal from the self-exclusion list, including any processing or enforcement; any failure of a casino licensee to withhold gaming privileges from or restore gaming privileges to me; permitting me to engage in gaming activity in a licensed casino while on the list of self-excluded persons; and disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at all Virgin Islands licensed casinos because I am a problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Virgin Islands Casino Control Commission to direct all Virgin Islands casino licensees to restrict my gaming activities for a **period of (check) () one (1) year, () two (2) years, or () three (3) years** from the date below and that the **voluntary self-exclusion shall remain in effect until such time that the Commission grants my written request for removal notwithstanding that the term selected has expired. REMOVAL IS NOT AUTOMATIC.** I acknowledge that I must remain on the self-exclusion list for a **MINIMUM PERIOD OF SIX (6) MONTHS. I acknowledge that a request for removal must be in writing and approved by the Commission. I am aware and agree that during self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at any licensed casino and that any money or thing of value obtained by me from or owed to me by a casino licensee as a result of wagers made by me while on the self-exclusion list, shall be subject to forfeiture. I understand that during the period of self-exclusion I will be deemed to be a trespasser upon entering any casino space in the Virgin Islands.**

DATE: _____

SIGNATURE

ACKNOWLEDGEMENT

STATE OF: _____)
COUNTY OF: _____)

On this _____ day of _____, 20____, before me, personally appeared, _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the said instrument for the purpose(s) stated therein.

WITNESS my hand and official seal

NOTARY PUBLIC

My Commission Expires: _____

DO NOT WRITE BELOW _____ FOR COMMISSION PERSONNEL USE ONLY

TYPE OF I.D. OFFERED: _____

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and that a physical description or photograph of the person on the identification credentials appears to agree with his or her actual appearance.

CASINO CONTROL COMMISSION

DATE: _____

BY: _____

I certify that a copy of this Request for Voluntary Exclusion was forwarded to all licensed Virgin Islands casinos.

CASINO CONTROL COMMISSION

DATE: _____

BY: _____