



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 registered 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 required)

A. By signing up for 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.** I understand that AGLC and all casino and REC in Alberta will make their best efforts to ban me from licensed facilities. In order to carry out this ban, 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 required)

LANGUAGE PREFERENCE: _____

EMPLOYMENT PROVISION

Are you currently employed at, or does your employment require you to enter a casino and or racing entertainment centre to perform paid work while on the Self-Exclusion Program?

Yes No

If yes, what is the nature of your work and which casinos and/or racing entertainment centre are you required to enter?

If you are a contractor or sub-contractor you are required to contact the AGLC's Self-Exclusion Program Specialist in advance of entering the premises.

AGLC GAMESENSE ADVISOR FOLLOW-UP CONTACT - OPTIONAL

By checking this box, I agree to be contacted by AGLC staff who will offer support and/or additional resources:

Agree _____ (participant initial required to agree to further contact)

HOW WOULD YOU LIKE TO BE CONTACTED: Phone Text Email

CASINO/RACING ENTERTAINMENT CENTRE PLAY HABITS

_____ Morning Afternoon Evening
Games played Time of day usually played

M T W Th F Sat Sun All

Days of the week usually played (check all that apply)

CASINO/RACING ENTERTAINMENT CENTRE PREFERENCE:

DO YOU HAVE A WINNERS EDGE LOYALTY CARD? YES NO

OTHER CONTACT INFORMATION (Spouse, Common-Law Partner, Friend) – OPTIONAL

I agree that staff from AGLC may provide the person I have designated as my "other contact" with information regarding my status (adherence to rules, notice of any attempts to re-enter, etc.) in the Self-Exclusion Program.

Agree Decline **Title:** Mr. Mrs. Ms.

_____ Last Name First Name Relationship to Me

_____ Contact Number Best Time to Contact

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

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 with 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)