

## CASINO AND RACING ENTERTAINMENT CENTRE (REC) VOLUNTARY SELF-EXCLUSION AGREEMENT

**WHEREAS:**

The Casino and REC Voluntary Self-Exclusion program (the "Program") is designed for people who feel it is in their best interest not to participate in casino gambling. People who choose to participate in the Program voluntarily agree to keep themselves out of, and be banned from, all licensed casino facilities ("Casinos") and racing entertainment centres ("RECs") in Alberta. The Alberta Gaming and Liquor Commission ("AGLC") and the operators of all Casinos and RECs in Alberta are prepared to help participants in the Program to exclude themselves.

Read &  
Understood  
(Initial)

**AGREEMENT:**

1. In consideration of the AGLC and the operators of all Casinos and RECs in Alberta helping me exclude myself from Casinos and RECs:

of

(First) (Last) (City)

agree that I will not enter into any Casinos or RECs in Alberta during the term of this Agreement.

2. I request that I be refused entry to **ALL** Casinos and RECs in Alberta and be prohibited where reasonably possible from entering onto, or in any way trespassing upon any Casinos or RECs, as of the date this Agreement is signed.

3. I acknowledge that the AGLC and all Casinos and RECs in Alberta require my photograph and personal information in order that the facility licensee can take all reasonable steps to ban me. I consent to having such photograph(s) of me taken and providing the information required.

I further agree that:

4. This Agreement shall expire after six (6) months or at such later time as I may request:

6 months     1 year     2 years     3 years     5 years (max.)

Start Date:  (YY/MM/DD)    Expiry Date:  (YY/MM/DD)

5. I understand that I am required to complete a mandatory AGLC sponsored responsible and problem gambling workshop prior to the expiry date of this agreement. I further understand that notwithstanding the expiry date set out in paragraph 4, above, this Agreement and all of its other terms and conditions remain in effect until I have completed the mandatory workshop.

6. If, while this Agreement is in force, I obtain paid employment at a Casino or REC, or I obtain paid employment that requires me to enter into any Casino or REC, then I agree to notify the AGLC that my employment requires me to enter into a Casino or REC.

7. I cannot modify, revoke, withdraw or rescind this Agreement prior to its expiry. In the event I wish to extend the expiry date specified above, I must complete a new agreement.

8. I am entering into this Agreement voluntarily and I am personally responsible for ensuring that I comply with this Agreement. I agree that I am willing and able to keep myself out of all Casinos and RECs in Alberta.

9. If I enter, or attempt to enter into a Casino or REC before this Agreement expires, I will be in violation of this Agreement.

10. If I attend any Casino or REC in Alberta during the term of this Agreement, and I am identified by AGLC or facility staff, I may be charged under Section 34.2 of the Alberta Gaming and Liquor Regulations and/or trespassing under Section 2(1) of the Trespass to Premises Act and requested to leave the facility.

11. If I attempt to violate this Agreement by entering into a Casino or REC before this Agreement expires, I understand there is a risk that neither the AGLC nor any Casino or REC can guarantee that I will be properly identified and prohibited from entering or remaining in a Casino or REC.

12. If I violate this Agreement by entering into a Casino or REC before this Agreement expires, I may expose myself to risk of serious financial loss as well as to other non-financial damages and losses.

13. If I attempt to habitually violate this Agreement, I understand that I may be expelled from the Program. In this event, the AGLC will notify all Alberta casino and REC facilities of my expulsion from the Program.

14. By participating in the Program, I have determined that it is not in my best interest to gamble in Casinos and RECs and that I may have a gambling problem. I understand that by entering the Program I have taken an important first step to getting my gambling under control. However, the Program is not a problem gambling treatment program and I may need to seek other resources to assist me with my gambling problem. I have been provided with information on some of the various problem gambling resources and services that are available. I have also been offered a referral to a problem gambling treatment program by an agent of the AGLC to which I:

Agree     Decline

15. I agree that an agent of the AGLC may contact me periodically as follow-up to my enrollment in the Program and/or contact me regarding participation in the Program evaluation(s).

Agree     Decline

16. **RELEASE AND INDEMNITY - PLEASE READ CAREFULLY** - I understand that by entering this Agreement I am not placing any obligation, duty or responsibility on anyone except myself. I specifically waive any legal right of action that I have or may acquire in the future against the AGLC, its employees, representatives and officials and any operators of Casinos or RECs for any damages arising from my violation of this Agreement or arising otherwise as a result of my participation in the Program. I further agree that the 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 arise from my violation of this Agreement and I agree to indemnify the AGLC and any operators of Casinos or RECs for any damages or loss so caused.

17. I understand that I have the right to seek independent legal or other professional advice before signing this Agreement.

Signature:     Date:

**THIS SECTION TO BE COMPLETED BY EMPLOYEE ACCEPTING APPLICATION (EXCEPT APPLICANT'S SIGNATURE):**

**EMPLOYMENT PROVISION**

Are you currently employed at an Alberta casino/REC or your employment requires you to enter a casino/REC to perform work related duties while on the VSE program? Yes  No  If yes, what is the nature of your work and which casino/REC(s) are you required to enter?

**PROGRAM HISTORY**

Have you previously participated in AGLC's VSE Program? Yes  No  If yes, when: \_\_\_\_\_

**CONTACT INFORMATION**

**Contact information must be recorded directly as it appears on the Applicants Operator's Licence or other acceptable identification used to complete this section.**

Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (YY/MM/DD)

Address: \_\_\_\_\_

**Identification:**

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Operator's Lic

Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Passport

Email: \_\_\_\_\_

Citizenship Card

Permanent Resident Card

Gov. Photo ID

**Alberta Residence Address (if different than above):**

Indian Status Card

Address: \_\_\_\_\_

Eye: \_\_\_\_\_ Hair: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Height: \_\_\_\_\_ cm/feet Weight: \_\_\_\_\_ lbs/kgs

**IMPORTANT: This Agreement may be declared void if the contact information provided is false, inaccurate or otherwise misleading.**

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

I agree that an agent of the Alberta Gaming and Liquor Commission 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 VSE program.

Agree  Decline

Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Best Contact Time: \_\_\_\_\_

**CASINO/REC PLAY HABITS - OPTIONAL**

What games did you play? \_\_\_\_\_

What time of day did you usually play? \_\_\_\_\_

What days of the week did you usually play? \_\_\_\_\_

What Casino/REC did you usually visit to gamble? \_\_\_\_\_

What gambling activities cause the most problems for you? \_\_\_\_\_

Are you a member of any casino loyalty programs? Yes  No   
If yes, which programs (list all)? \_\_\_\_\_

I certify that the above contact information is correct and if any of the information changes I will notify the AGLC.

_____ Applicant's Signature	_____ Date
_____ Name of Issuing Casino/Agency	
_____ Name and Signature of Employee Accepting Application	_____ Date

<p>Freedom of Information and Protection of Privacy Act</p> <p>The information you provide on and with this agreement is collected under the authority of the Gaming and Liquor Act and the Freedom of Information and Protection of Privacy Act, Section 33(c). It will be used for the administration of the Voluntary Self-Exclusion Program, for contact purposes and program evaluation. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request.</p>	<p>If you have any questions about the collection or use of this information, contact Social Responsibility Division at:</p> <p>Social Responsibility Division Alberta Gaming and Liquor Commission 50 Corriveau Avenue St Albert, Alberta T8N 3T5 Telephone: 780-447-8600 Fax: 780-401-3504 Toll-free at 1-800-272-8876</p>
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