



Iowa Racing & Gaming Commission (IRGC)
 Voluntary Self-Exclusion Facility Enrollment

Iowa Racing & Gaming Commission
 6200 Park Ave., Ste 100
 Des Moines, IA 50321

Section 1: Instructions

The information on this form will be used to enroll an individual in, and administer the Self-Exclusion Program. If the form is incomplete, it is within the IRGC's discretion to complete enrollment with the information provided or require a new enrollment form with complete information.

All information except signatures and initials must be typed or printed. *Section 4: Signatures* must be signed and dated in the presence of a casino or racetrack employee.

For enrollment to be processed, a recent photograph showing only the head and shoulders of the enrollee must be provided. A copy of the signature side/page of a government issued ID must also be provided.

Section 2: Personal Information

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

*Last Name:		*First Name:		Middle Name:		Suffix:	
*DOB (mm/dd/yyyy):		*Social Security # (or international ID if no SSN):		*Type of ID:		*ID #:	
*Gender:	Primary Telephone #:			Email Address:			
*Physical Address:				*City:		*State:	*Zip Code:
*Mailing Address (If different from physical address):				*City:		*State:	*Zip Code:
*Address on ID (If different from physical and mailing address):				*City:		*State:	*Zip Code:

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

*Attach a copy of a driver's license, state ID, or other government issued ID of the person to be excluded below.



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Section 3: Declaration

Initial next to each paragraph.

I am electing to voluntarily exclude myself for the term selected in Section 4: Signatures from wagering with a licensed entity, current and future, as defined by Iowa Codes 99D, 99E, 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 and 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 entities, current and future, is mine alone.

Initial here

I understand Iowa licensed entities may have corporate policies that will cause this exclusion to apply to all the locations they own, manage, or operate in other states and countries, current and future. I understand it is my responsibility to educate myself on any such policies or changes.

Initial here

I understand licensed entities that provide or operate internet wagering or fantasy sports contests may exclude me from all of their operations, current and future. This may include operations outside the jurisdiction of the State of Iowa.

Initial here

I authorize and request the IRGC to release all information submitted on or with this form that is necessary for an Iowa licensed entity, or a person acting on behalf of a 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.

Initial here

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 both terms are final and irrevocable.

Initial in the box of the term for which you're enrolling: [5-Year] [Lifetime]

Enrollee Signature: _____ Date (mm/dd/yyyy): _____

Employee Witness

As an employee of _____, I affirm that on _____ I have: (a) read and explained Section 3: Declaration of this form to the enrollee; (b) provided the enrollee with information compiled by the Iowa Department of Health and Human Services on gambling treatment options; (c) reviewed the enrollee's identification to confirm his/her identity; and (d) witnessed the enrollee sign this form.

Employee Name: _____ Employee Signature: _____