



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

Iowa Racing & Gaming Commission
 1300 Des Moines St., Ste. 100
 Des Moines, IA 50309-5508

Section 1: Instructions

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

All information, except signatures and initials, must be typed or printed. If completed on a computer, do not complete *Section 3: Declaration* or *Section 4: Signatures* before printing this form. After printing, Initial *Section 3: Declaration* and sign *Section 4: Signatures* where indicated.

For enrollment to be processed, a recent photograph showing only the head and shoulders of the enrollee must be provided. The enrollee must also attach a copy of the front of a current valid state ID, driver's license, or passport. The facility at which the enrollee is completing this form will upload the completed form, the enrollee's picture, and a copy of the enrollee's ID to the IRGC Self-Exclusion system.

Section 2: Personal Information

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

*Last Name:	*First Name:	Middle Name:	Suffix:
Aliases or Other Names:		*DOB (mm/dd/yyyy):	*Gender:
*Physical Address:		*City:	*State:
			*Zip Code:
Primary Telephone #:		Email Address:	
*Social Security # (or international ID if no SSN):	*State ID/Driver's License/Passport #:		*Type of ID:
*Mailing Address (if different from physical address):			

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

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



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Section 3: Declaration

Initial next to each paragraph. I understand:

- _____ Initial here

I am electing to voluntarily exclude myself for the term selected in *Section 4: Signatures* from wagering with a licensed entity, current or 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 or 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 or future, is mine alone.
- _____ Initial here

I understand Iowa casino operators or other licensed entities may have corporate policies that will cause this exclusion to apply to all the casinos they own, manage, or operate in other states and countries, or casinos they acquire after the date this form is signed. 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 wagering operations, current and future. This may include wagering operations outside the jurisdiction of the State of Iowa.
- _____ Initial here

I authorize and request the IRGC release my photograph and all other information provided on 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.

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 a lifetime term is 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 Public Health 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: _____