



Date:  
Case #:  
Agent:

## Self-Exclusion Request

The individual named below has requested to be excluded from gambling at the Red Wind Casino.

Last Name:                      First Name:                      MI:                      DOB:

Mailing Address:

City:                      State:                      Zip:                      Phone #:

Driver's License #:                      State:                      Copy Obtained: Y                       N

Rewards Club #:                      Description: Height:                      Weight:                      Gender: M  F

Race:                      Eye Color:                      Hair Color:                      Glasses: Y  N

Scars/Tattoos:

I, \_\_\_\_\_, have been informed by a representative of the Nisqually Tribe that I am no longer allowed to enter the Red Wind Casino or the property of the Casino after signing this request. **This self-exclusion request will be for a minimum of: 1 Year  ; 3 Years  ; 5 Years  ; Lifetime  and is irrevocable during the exclusion period.**

**I understand that to have the self-exclusion rescinded if longer than One (1) year and less than Lifetime, I must petition the Nisqually Tribal Gaming Commission in writing and the decision of the Commission is final.**

I also understand that if I do enter the property of the Red Wind Casino that I may be charged with Criminal Trespass or other applicable violations of Tribal, Washington State or Federal law.

I further understand that if I do gamble at the Red Wind Casino while excluded all funds (Jackpots, Credits, Chips, Keno Tickets) will be forfeited and donated to a Tribal, Local, or Washington State charity of the Tribe's choosing.

I understand that it will be my responsibility to cash out any Rewards club points (as allowed by Casino policy) at the commencement of my exclusion period prior to leaving the Red Wind Casino.

I understand that any points not cashed out will be donated to a Tribal, Local, or Washington State Charity of the Tribe's choosing

I understand that the Nisqually Tribal Gaming Agency will require the Gaming Facility Operator to remove my name from all mailing/promotion lists and revoke any player card(s).

**Hold Harmless**

I understand that neither the Tribe, the Gaming Facility Operator, the Tribal Gaming Agency/Commission, nor any employee thereof shall be liable to any self-excluded guest or to any other party in any proceeding and neither the Tribe, the Gaming Facility Operator, or the Tribal Gaming Agency/Commission shall be deemed to have waived its sovereign immunity with respect to any guest for any harm, monetary or otherwise, which may arise as a result of the failure of the Gaming Facility Operator or the Tribal Gaming Agency from permitting a self-excluded guest to engage in gaming activities in a gaming facility while on the list of self-excluded guests.

**Notice to patrons requesting self-barring for reasons related to problem gambling:**

I understand that the Nisqually Tribal Gaming Commission reserves the right to deny reinstatement of gaming privileges to any person identified as a problem gambler, as determined by the Commission, in its sole discretion, self declared or otherwise. The Nisqually Tribe may not be held liable for any losses incurred by the self-excluded guest.

\_\_\_\_\_  
**Initial**

**NOTE: I understand that if I elect to enter onto the property of the Nisqually Red Wind Casino during the term of the Self Exclusion the Nisqually Tribal Gaming Agency will issue a Permanent Barring to you. I understand that violation a Permanent Barring notification may subject me to criminal or civil charges of Trespass. Further, if you arrive in a privately owned vehicle (POV) and are escorted from the Nisqually Tribal Reservation your vehicle may be subject to impoundment at your expense.**

\_\_\_\_\_  
**Initial**

I have been provided with literature  contact information  in regard to problem gambling.

**NOTICE: The form MUST be signed in person-in front of an Agent or his/her designee.**

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent/Designee

\_\_\_\_\_  
Witness

**NOTE:** *Attach a clearly identifiable photo of the self excluded guest-either jpeg format or a clear copy of Driver's License*



For further information-contact: [Pelekai.robin@nisqually-nsn.gov](mailto:Pelekai.robin@nisqually-nsn.gov)