

VOLUNTARY SELF-EXCLUSION FROM GAMBLING

Date: _____

Pursuant to Bahamas Gaming Bill, 2014, Section 74 (1) & (2), I hereby request to be barred and prohibited from entering onto the Casino Building of Resorts World Bimini (RWB). I make this request voluntarily and of my own free will.

 For (check one): **1 year** **5 years** **Lifetime** **Effective Date:** _____ / _____ / _____
mm dd yy

 Submitted to: **Bimini Casino**

 Name: _____
First *Middle* *Last*

 Date of Birth: _____ / _____ / _____
mm dd yy

Address: _____

 Social Security Number* _____
**Disclosure of SSN is voluntary*

City: _____ State: _____ Zip Code: _____ Phone #: _____

Email Address: _____ Genting Reward # _____

Height: _____ Weight _____ Hair Color: _____ Eye Color: _____

 Other distinguishing characteristics _____
(Tattoos, birthmarks, etc., if applicable)

I _____, certify that the information which I have provided above is true and accurate. I am aware that my signature below authorizes an agent of the corporation licensed by the Board pursuant to the Gaming Bill 2014 to authorize my exclusion from the facility. Under Bahamas Gaming Bill, 2014 section 74 (7) (a) to (c), I authorize the agent to send a copy of my request to holders of Casino operator license of the same category in the Bahamas and to the Bahamas Gaming Board, who will circulate to all holders of an operator license issued under the Act *and will be self-excluded from all such properties*. I voluntarily sign this self-exclusion form and I acknowledge that if I am found on the casino floor, I can be charge for trespassing.

Signature: _____

Date: _____

 Notary Name, Signature, Seal & Expiry date (By Mail)

Employee's Name: _____

BGB License # _____

Attach Photo & DL or passport

WAIVER AND RELEASE

I, _____, hereby release and forever discharge RW Bimini, its Board and its employees and all eligible facilities and their employees and agents from any liability to me and my heirs, administrators, executors and assigns from any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion or my request for removal from the self-exclusion list including 1) its processing or enforcement, 2) the failure of the facilities to withhold gaming privileges from, or restore gaming privileges to me, 3) permitting me to engage in gaming activities in any RW Bimini gaming establishment, while on the list of self-excluded persons, and 4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities and other services at RW Bimini eligible operations because I am a problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Board to direct all RW Bimini eligible operations to restrict my gaming and other activities in accordance with this request and, unless I have requested to be excluded for life, until such time as the Board removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion. I am aware that a reinstatement request will not be considered earlier than upon the completion of my self-exclusion term. I further agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity, and that any money or thing of value obtained by me from, or owed to me by, any RW Bimini operation as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture.

I further understand that after signing this form, if I am found to be on any of the RW Bimini properties that I may be evicted as a trespasser and that RW Bimini may assert any legal rights and claims against me as a trespasser.

SIGNED: _____ DATE: _____

Do Not Write Below This Line _____ For Security Use Only

TYPE OF IDENTIFICATION OFFERED _____

SECURITY NAME: _____
PRINT NAME

DATE: _____

SIGNATURE: _____

TITLE: _____