



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-RESTRICTION REQUEST

CGCC – 036 (Rev. 02/15)

RESTRICTION FOR _____ (Name of cardroom or participating gambling facility)

Disclaimer: This request only pertains to the above gambling establishment and does not apply statewide.

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle	Last
Other Names (Former Names, such as Maiden names, Nicknames, or Aliases / A.K.A.'s):		
Street	City	State Zip Code
Home Telephone Number	Business Number	Email Address
Games most often played		

Mailing Address (if different than Home Address):

Street	City	State	Zip Code
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SECTION 2: RESTRICTION REQUEST

INITIAL REQUESTED TERM: One Year _____ Lifetime _____

- Restrict me from any **MARKETING** or **PROMOTIONAL** information
- Restrict me from this **GAME** or **GAMING ACTIVITY**: _____
- Restrict me from any **CHECK-CASHING** privileges; or, limit as follows: _____
- Restrict me from any **CREDIT**; or, limit as follows: _____
- TOTAL RESTRICTION** (restrict me from all of the above)

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female

	Date of Birth	Race/Ethnicity
Date of Photograph	Height	Weight
	Hair Color/Type	Eye Color
AFFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED	CA Drivers License	Type of vehicle normally driven
	License Plate Number	
Distinguishing marks (such as visible scars or tattoos – describe mark & location)		

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____.
(Language)

I understand that the ultimate responsibility to limit my access to the Gambling Establishment or participating gambling facility or gaming services in the State of California remains mine alone.

I voluntarily seek to restrict myself as indicated in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-restriction. Disclosure may also occur, if needed, for the conduct of an official investigation; or, if ordered by a court of competent jurisdiction.

I will not seek to hold the Gambling Enterprise or participating gambling facility liable in any way should I enter the Gambling Establishment or participating gambling facility or use any of the services or privileges therein despite this restriction request; and, I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Enterprise, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this restriction (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my restriction, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-restriction requested herein.

If I choose Total Restriction:

 (Initial here) I agree that I will not attempt to enter or use any of the services or privileges of the indicated Gambling Establishment or participating gambling facility during the period checked in Section 2.

 (Initial here) I acknowledge and understand that should I attempt to enter the indicated Gambling Establishment or participating gambling facility or use the services of the Gambling Enterprise or participating gambling facility during the term of restriction, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

 (Initial here) I agree that any unredeemed jackpots or prizes I may have accrued will be forfeited and remitted by the Gambling Enterprise or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem Gambling.

 (Initial here) This self-restriction request is **irrevocable** during the time period checked in Section 2.

I declare that all information submitted on or with this self-restriction form is true, correct, and complete.

Signature	Date
Print Name	

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

By _____, personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.
Notary Public Seal:

Signature of Notary Public _____

My Commission expires on

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ day of _____, 20_____.

I witnessed _____,
(individual's name)

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____

Printed Name _____