

Batavia Downs Gaming
8315 Park Road
Batavia, New York 14020



Telephone 585-343-3750
Security Director Ext: 321
Fax 585-343-7773

INSTRUCTIONS TO COMPLETE MAIL-IN EXCLUSION FORM

ALL ENTRIES ARE TO BE PRINTED IN BLACK OR BLUE INK.

Enter all dates as MM/DD/YYYY e.g. 07/28/1967

Applicant must supply a **4"x5"Color Picture** and attach it to the application in the area provided.

RACE Enter the racial appearance code which best describes your appearance: **W**-White, **B**-Black, **I**-American Indian, **A**-Asian or Pacific Islander, **H**-Hispanic, **O**-Other

SKIN Enter the skin tone code which best describes your skin color: **ALB**-Albino, **BLK**-Black, **DRK**-Dark, **DBR**, Dark Brown, **FAR**, Fair, **LGT**-Light, **LBR**-Light Brown, **MED**-Medium, **MBR**-Medium Brown, **OLV**-Olive, **RUD**-Ruddy, **SAL**-Sallow, **YEL**-Yellow, **OTH**-Other,

HAIR Enter the hair color which best describes your hair color: **BAL**-Bald, **BLK**-Black, **BRO**-Brown, **GRY**-Gray, **RED**-Red, **SDY**-Sandy, **WHI**-White, **OTH**-Other

EYES Enter your eye color code: **BLK**-Black, **BLU**-Blue, **BRO**-Brown, **GRY**-Gray, **GRN**-Green, **HAZ**-Hazel, **PNK**-Pink, **MUL**-Multi-colored, **OTH**-Other

Enter your Home Address, including street, city, state and zip code.

Enter your home phone number, including area code.

If you have a player's Club Card, enter your number.

Enter the reason for Voluntary exclusion.

Date your request.

Select a Self Exclusion Period.

Note: Only the period listed are allowed. You can not apply for re-entry during the selected period .

Take completed form with Color Picture attached to a NOTARY PUBLIC. After the document has been signed and notarized mail it to:

**BATAVIA DOWNS CASINO
ATTN: SECURITY DEPARTMENT
8315 PARK ROAD
BATAVIA, NY 14020**

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SECURITY DEPARTMENT
VOLUNTARY EXCLUSION DESCRIPTION

Section 1: Picture

PICTURE

A large, empty rectangular box with a black border, intended for a photograph of the individual.

Section 2: Description

This Form is to be used when a patron requests to be excluded from gaming activities at Batavia Downs Gaming pursuant to NYS 2836-19.6. All information on this form is confidential.

Last Name: _____ First Name: _____ M.I.: _____ Date of Birth: ____ / ____ / ____

Sex: M F Race: _____ Skin: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Last Known Street Address: _____

City: _____, State: _____ Zip Code: _____

Home Phone Number: (____) _____

Players Club #: _____

Social Security Number* _____ ***Disclosure of Social Security Number is Voluntary.**

Reason for Voluntary Exclusion/Comments: _____

Date of Request: _____

Minimum Self Exclusion Period (Choose One): One Year Three Years Five Years

Date of Exclusion: ____ / ____ / ____ Return Date: ____ / ____ / ____

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WAIVER AND RELEASE

I hereby release and forever discharge the State of New York, New York State Lottery, Batavia Downs Gaming and Racetrack and its employees, agents, and all gaming licensees and their employees and agents from any liability to me and my heirs, administration, executors and assigns for 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 a gaming licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming and raceway or simulcast facility while on the list of self-excluded persons, (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 at Batavia Downs Gaming and Racetrack. I certify that the information that I have provided above is true and accurate, and that I have read, understand, and agree to the waiver and release included with the request for self-exclusion. I am aware that my signature below authorizes Batavia Downs Gaming and Racetrack to authorize my exclusion from the video lottery gaming facility until the expiration of the exclusionary period I have requested. I understand that if found within the video lottery gaming facility after having been voluntarily excluded, I will be subject to arrest for criminal trespass if I refuse to be escorted from the facility. Further, I authorize the video lottery gaming agent to send a copy of my request to each video lottery gaming facility located within New York State. **I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at Batavia Downs Gaming and Racetrack and that any money or thing of value obtained by me from, or owed to me by Batavia Downs Gaming and Racetrack as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. Furthermore, I am aware that during my period of self-exclusion I will be denied access to any player club promotions, offers or memberships relating to gaming activities at Batavia Downs Gaming and Racetrack.**

SIGNED: _____ DATE: _____

Only if mailed:

NOTARY PUBLIC SIGNATURE: _____ DATE: _____

I hereby certify that the above signed individual appeared before me on the date indicated and the picture attached is the picture of the person who signed this form.

DO NOT WRITE BELOW - FOR BATAVIA DOWNS GAMING AND RACETRACK USE ONLY

TYPE OF I.D. OFFERED _____

I certified that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

Security Supervisor VLT Lic#: _____ Date: _____