

GameSense



# Self-Exclusion Agreement Form

[aglc.ca/self-exclusion](https://aglc.ca/self-exclusion)

**THIS SECTION TO BE COMPLETED BY PARTICIPANT****LANGUAGE PREFERENCE:** \_\_\_\_\_**TRANSLATION SERVICES ACCESSED:**  Yes  No**PROGRAM HISTORY**Have you previously participated in AGLC's Self-Exclusion Program?  Yes  No

If you have violated by re-entering on previous agreements you will be contacted by AGLC and will be subject to additional Program conditions.

- A.** I wish to enter into this Self-Exclusion Agreement (Agreement) with Alberta Gaming, Liquor & Cannabis (AGLC). By entering this Agreement, I accept sole responsibility for my own gambling.

Please check and initial the ban length you choose below:

 **6 months** \_\_\_\_\_  **1 year** \_\_\_\_\_  **2 years** \_\_\_\_\_  **3 years** \_\_\_\_\_

- B.** I acknowledge that the Self-Exclusion Program (Program) is not a problem gambling treatment program and I understand I may need assistance from other resources.
- C.** If I enter, or attempt to enter into a casino or racing entertainment centre in Alberta before this Agreement expires, I will be in violation of this Agreement. If I am identified by AGLC or facility staff, I may be issued a trespassing notice under Section 2(1) of the Trespass to Premises Act and will be escorted from the facility.
- D.** I understand that AGLC and all casino and racing entertainment centres in Alberta will make their best efforts to ban me from licensed facilities. In order to carry out this ban, AGLC, casinos and racing entertainment centres require my photograph and personal information and I consent to the collection of this information.
- E.** I agree that AGLC and any operator of a casino or racing entertainment centre will not be held responsible for any damages, including financial loss or otherwise, incurred or caused by me which may arise from my violation of this Agreement.
- F.** The personal information requested for this Agreement is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes of the administration of the Self-Exclusion Program. This may include exercises necessary for continuous improvement of the Program including surveys and research. If you have requested that we do not contact you regarding the Program, you will not be contacted for these surveys.
- G.** I understand that I am not permitted to volunteer in a casino and/or racing entertainment centre during the term of the Agreement.
- H.** Participants registered in the Self-Exclusion Program will be ineligible from receiving a prize in a gaming facility. (Gaming, Liquor and Cannabis Regulation s. 34.5)

**I agree that I cannot modify, revoke, cancel, withdraw or rescind this Agreement before it expires. If I wish to remain on the Program once my agreement has expired, I must complete a new agreement.** **Agree**

\_\_\_\_\_ (participant initial required)

### EMPLOYMENT PROVISION

Are you currently employed at, or does your employment require you to enter a casino and/or racing entertainment centre to perform paid work while on the Self-Exclusion Program?

Yes     No

If yes, what is the nature of your work and which casinos and/or racing entertainment centre are you required to enter?

**If you are a contractor or sub-contractor you are required to contact the AGLC's Self-Exclusion Program Specialist in advance of entering the premises.**

### AGLC GAMESENSE ADVISOR FOLLOW-UP CONTACT

By checking this box, I agree to be contacted by AGLC staff who will offer support and/or additional resources:

Agree \_\_\_\_\_ (participant initial required to agree to further contact)

### CASINO/RACING ENTERTAINMENT CENTRE PLAY HABITS

\_\_\_\_\_

Games played

M     T     W     Th     F     Sat     Sun     All

Days of the week usually played (check all that apply)

Morning     Afternoon     Evening

Time of day usually played

### CASINO/RACING ENTERTAINMENT CENTRE PREFERENCE:

\_\_\_\_\_

**PLEASE RETURN AGREEMENT TO INDIVIDUAL COMPLETING SIGN UP PROCESS.**

## THIS SECTION TO BE COMPLETED BY EMPLOYEE ACCEPTING APPLICATION

### CONTACT INFORMATION

Contact information must be recorded directly as it appears on the applicant's government issued valid photo identification. If mailing address differs from identification please specify below.

Identification confirmed:  Yes  No

Gender:  Male  Female  X

\_\_\_\_\_  
Last Name First Name Date of Birth (yy/mm/dd)

\_\_\_\_\_  
Aliases

\_\_\_\_\_  
Eye Colour Hair Colour (current) Height (inches/cm) Weight (lbs/kgs)

\_\_\_\_\_  
Mailing Address.

\_\_\_\_\_  
City/Town Province Postal Code

\_\_\_\_\_  
Contact Number Email Address

If you do not wish to receive correspondence regarding your participation in the Self-Exclusion Program please check do not send mail. However, in the event of a re-entry violation or privacy breach, we require that you provide either a mailing address or email address in order to notify you.  **Do not send mail**

### OTHER CONTACT INFORMATION (Spouse, Common-Law Partner, Friend) – OPTIONAL

I agree that staff from AGLC may provide the person I have designated as my "other contact" with information regarding my status (adherence to rules, notice of any attempts to re-enter, etc.) in the Self-Exclusion Program.

Agree  Decline

Title:  Mr.  Mrs.  Ms.

\_\_\_\_\_  
Last Name First Name Relationship to Me

\_\_\_\_\_  
Contact Number Best Time to Contact

**I agree with the terms of this agreement, and that all contact information and selections made are correct. If any of the information changes, I will notify the AGLC Self-Exclusion Program Specialist at 780-447-7582 or toll-free at 1-844-468-8034 or email at [se@aglc.ca](mailto:se@aglc.ca).**

\_\_\_\_\_  
Name of Participant (PRINT) Participant Signature Date (yy/mm/dd)

\_\_\_\_\_  
Name of Issuing Casino/Agency Date (yy/mm/dd)

\_\_\_\_\_  
Name of Employee Accepting Application (PRINT) Time of Day

\_\_\_\_\_  
Employee Signature