

## APPLICANT INFORMATION

Please read these instructions and the Self-Exclusion Application Form, including the Terms and Conditions, Release of Information and Acknowledgment carefully. By signing and submitting the Application Form, you are agreeing to be excluded from all gaming activities in the District of Columbia licensed under the Office of Lottery and Gaming (OLG).

The OLG maintains a confidential database containing Self-Exclusion Program participant information that is shared with licensed operators and agents authorized to administer the Program. The Self-Exclusion Agreement applies to all gaming establishments and internet and mobile-based platforms licensed or offered by the OLG. The OLG may share the list with other gaming jurisdictions resulting in placement on those lists.

By completing this registration process, you are voluntarily agreeing to refrain from placing bets or wagers at any OLG-licensed sportsbook and purchasing lottery tickets at any DC Lottery retailer.

After completing the registration process, you will be ineligible to place a legal sports wager or make a legal lottery ticket purchase in the District of Columbia.

Additionally, you will be ineligible to:

- Receive or use complementary goods or services,
- Participate in promotions,
- Be a member of a rewards or players' clubs, or
- Collect winnings or recover losses, at any:
  - OLG-licensed sportsbook location,
  - On any OLG-licensed sports wagering website or wagering mobile application,
  - At DC Lottery headquarters,
  - At a licensed DC Lottery retailer,
  - DC Lottery-operated or sponsored websites, or
  - On a DC Lottery-operated mobile application.

Also, OLG-licensed sportsbooks and the DC Lottery will remove your name from their direct marketing database. If, by failing to disclose your status as a self-excluded patron, you are able to place a wager or purchase a lottery ticket, the transaction(s) will be deemed invalid from the outset, resulting in your wager or purchase amount being forfeited and you will not be eligible to collect any winnings that may result from the transaction.

## INSTRUCTIONS

You may enroll in the Self-Exclusion Program by submitting, in person, a completed Self-Exclusion Application to the OLG. The application must be completed in person by scheduling an appointment at the Office of Lottery and Gaming, 2235 Shannon Place, S.E., Washington, DC 20020.

To make an appointment for an enrollment interview, call the OLG's Responsible Gaming Program Specialist or designated agent (RGPS) at (202) 788-2102.

If you are in need of a language interpreter to fully understand the Self-Exclusion Program and the questions in the application, please inform the RGPS in advance of your appointment. You may request and receive interpreter services at no cost to you.

You will need to bring valid government-issued identification that includes your signature and your photograph – e.g., a driver’s license, passport, or other identification. You will also sign the Self-Exclusion Application and have your photograph taken. That photo, and other identifying information, will be distributed to OLG’s designated agents and licensed and contracted operators for the proper administration of the Self-Exclusion List and/or Self-Exclusion database.

You must not be under the influence of drugs, an alcoholic beverage or suffering from a mental health condition that impairs your ability make an informed decision.

Throughout this Application all required fields are marked with an asterisk (\*). You are not required to provide your Social Security number in order to participate in the OLG’s Self-Exclusion Program. Failure to provide any information or to execute any forms deemed necessary by the OLG may result in a denial of a request for placement in the Self-Exclusion Program.

## ACKNOWLEDGEMENT

My signature means that the information above has been read to me, that I have been provided a copy of Title 30, D.C. Municipal Regulations § 2129, Self-Exclusion Program, and that I fully understand the Self-Exclusion application process and rules.

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Signature of individual requesting exclusion \*:

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Date \*:

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Signature of Designated OLG Agent \*:

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Date \*:



Have you been known by any other name(s)? \*  Yes  No

If YES, list the additional name(s) below and specify dates of use for each (Include maiden name, aliases, nicknames, etc.).

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Are you currently or have you been a member of an OLG (DC Lottery) rewards or Player's Club? \*  Yes  No

If YES, list the rewards or player's club membership name(s), date(s) and the email address(es) used to join.

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### SECTION 3: PHYSICAL DESCRIPTION AND OTHER IDENTIFYING INFORMATION

Please select the appropriate space, if other please provide answer in the space provided.

#### HAIR COLOR \*:

- Bald
- Black
- Blond
- Brown
- Grey
- Red
- White
- Other: \_\_\_\_\_

#### EYE COLOR \*:

- Black
- Blue
- Brown
- Grey
- Green
- Hazel
- Other: \_\_\_\_\_

#### GENDER \*:

- Female
- Man
- Other: \_\_\_\_\_

#### RACE \*:

*You may select more than one box.*

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- White
- Other: \_\_\_\_\_

#### CONTACT LENSES \*:

- Yes
- No

#### HEIGHT/WEIGHT \*:

\_\_\_\_\_ Feet and Inches      \_\_\_\_\_ Weight/lbs

## SECTION 4: TERMS AND CONDITIONS \*

*Please initial next to each statement.*

\_\_\_\_\_ I understand that by voluntarily placing my name on the Self-Exclusion List, I agree to refrain from entering the designated gaming area(s) of OLG-licensed sportsbooks and DC Lottery retailers for the duration of the exclusion period.

\_\_\_\_\_ I understand that this Self-Exclusion Agreement applies to all gaming establishments and internet and mobile-based platforms licensed or offered by the OLG, and that the Office may share the list with other gaming jurisdictions resulting in placement on those lists.

\_\_\_\_\_ I am submitting this application voluntarily of my own free will, free from outside influences and I am doing so understanding the effects of my decision.

\_\_\_\_\_ I am not presently under the influence of drugs, an alcoholic beverage or suffering from a mental health condition that impairs my ability make an informed decision.

I acknowledge that one or more of the following apply:

- \_\_\_\_\_
- a) I identify as a “problem gambler”, as an individual who believes their gambling behavior is currently, or may in the future without intervention, cause problems in their life or on the lives of their family, friends, and/or coworkers;
  - b) I feel that my gambling behavior is currently causing problems in my life or may, without intervention, cause problems in my life; or
  - c) there is some other reason why I wish to add my name to the Self-Exclusion List.

\_\_\_\_\_ I acknowledge this Self-Exclusion request is irrevocable during the \_\_\_\_\_ time period selected in Section 1. (An individual who is on the Self-Exclusion List may submit a request to increase the minimum length of exclusion.)

\_\_\_\_\_ I understand I may be refused entry and/or ejected from the designated gaming area of OLG-licensed sportsbooks and DC Lottery retailers by the licensee, an agent of the Office, or law enforcement personnel.

\_\_\_\_\_ I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at an OLG-licensed sportsbook location, on any OLG-licensed sports wagering website or wagering mobile application, at DC Lottery headquarters, at a DC Lottery retailer, DC Lottery-operated or sponsored websites or on a DC Lottery-operated mobile application for the duration of the exclusion period.

\_\_\_\_\_ I understand that any and all rewards and points earned through my player reward or loyalty program(s) to date shall be forfeited.

\_\_\_\_\_ I agree that should I violate the agreement to refrain from entering a designated gaming area of an OLG-licensed sportsbook location or use any OLG-licensed sports wagering website or wagering mobile application during the exclusion period, I will notify the Office of such violation within 24 hours of my actions and agree to release the District of Columbia, the OLG, the licensee, and all affiliated employees from any claims associated with my breach of this agreement.

I understand that upon expiration of the selected duration of exclusion, I may request removal from the list by participating in an exit session with an OLG-designated agent. My name shall remain on the Self-Exclusion list after the expiration of the selected duration of exclusion until such time when I submit a request for removal in accordance with the Office's rules and regulations governing Self-Exclusion and it is approved by the Office or its designee.

I agree to schedule and participate in an exit interview with an OLG-designated agent in order to remove myself from the Self-Exclusion List. The exit session shall include a review of the risks and responsibilities of gambling, budget setting and a review of problem gambling resources should I wish to seek them. The exit session may be scheduled by contacting the OLG's RGPS.

I understand that by placing my name on the Self-Exclusion List, I will be denied access to complementary services or promotional offers and items, player reward programs, and other similar benefits and to the extent that I have existing credits, points and benefits from a licensed gaming establishment they will be forfeited.

I agree to waive liability of the Office of Lottery and Gaming and its agents, licensees and its agents, the District of Columbia and other such persons as deemed necessary by the Office for damages that may arise out of any act or omission related to my enrollment in the Self-Exclusion Program.

#### **SECTION 5: RELEASE OF INFORMATION \***

*Please initial next to each statement.*

I understand that the OLG and its designated agents will release my information contained in this form to its licensed and contracted operators for proper administration of the Self-Exclusion List and Self-Exclusion database.

I understand that the personal information included in Self-Exclusion List is exempt from disclosure under D.C. Official Code § 2-534 (a) (2) and shall not be publicly disclosed by a licensee, agent, affiliate or other person authorized to access the list.

I understand that an OLG licensee may share the Self-Exclusion List with its affiliates in other jurisdictions for the purpose of assisting in the proper administration of responsible gaming programs operated by affiliated gaming establishments.

#### **SECTION 6: ACKNOWLEDGEMENT \***

I certify that the information that I am providing in this application is true and accurate. My signature below means that I understand my responsibilities and the possible consequences, associated with being on the Self-Exclusion List.

Enrollee Signature \*:

Enrollee Print Name \*:

Date \*:

\_\_\_\_\_  
Signature Designated Agent \*:

\_\_\_\_\_  
Print Name \*:

\_\_\_\_\_  
Title \*:

\_\_\_\_\_  
Date \*:

## SECTION 7: REFERRAL SOURCE *(Optional)*

### I WAS REFERRED BY:

- Sportsbook Employee
- DC Lottery Retailer
- Mental Health Care Provider
- Family Member
- Sign at an OLG Licensed Location
- Self
- Other: \_\_\_\_\_

## SECTION 8: DC LANGUAGE ACCESS INTERPRETER SERVICES

\_\_\_\_\_  
Language Services Provided:

\_\_\_\_\_  
Date Used:

\_\_\_\_\_  
Language Access Interpreter Name and ID#:

\_\_\_\_\_  
Language Identified by Applicant:

## SECTION 9: CERTIFICATION \*

Applicant:

Do you have any unanswered questions regarding voluntary self-exclusion that you believe prevents you from making an informed decision about whether to complete and sign this Application?

- Yes       No

*If yes, the interview is terminated.*

\_\_\_\_\_  
Initial

OLG Responsible Gaming Program Specialist or Designated Agent:

I witnessed \_\_\_\_\_ sign their name to this application. This individual appears not to be under the influence of any controlled substances, alcoholic beverages or suffering from a mental health condition, and appears to be knowingly and voluntarily applying for exclusion. The signature, physical description and identity of this individual match the individual's photograph and credentials, photocopies of which are attached to this application.

\_\_\_\_\_  
Signature of Designated Agent \*:

\_\_\_\_\_  
Print Name \*:

\_\_\_\_\_  
Date \*:

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE OF LOTTERY AND GAMING PERSONNEL USE ONLY**

\_\_\_\_\_  
SEP Enrollment Date:

\_\_\_\_\_  
Term of Self-Exclusion:

\_\_\_\_\_  
Date of Eligibility to Petition for  
Removal of Self-Exclusion:

\_\_\_\_\_  
Self-Exclusion Program #: