

VOLUNTARY SELF-EXCLUSION APPLICATION

NASSAU REGIONAL OFF-TRACK BETTING CORPORATION (NROTB) VOLUNTARY EXCLUSION PROGRAM

(This form must include a recent photograph, and be signed and witnessed by the Branch, Shift or Assistant Manager –incomplete forms will not be accepted)

Full name and all aliases: _____

Home Address: _____

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Skin Color: _____ Scars: _____

Tattoos: _____ Other noticeable physical characteristics: _____

(A recent photograph of yourself must be attached).

Do you have a Nassau OTB wagering account? Yes No (circle one)

If yes, what is your account number? _____

I hereby swear or affirm that the above information is correct and that I voluntarily wish to exclude myself from wagering at and entering the premises of **ALL** Nassau Regional Off-Track Betting Corporation locations, including Fast Track locations, and that if I have a Nassau OTB Wagering Account, I hereby wish to have it cancelled. I hereby release and hold harmless Nassau Regional Off-Track Betting Corporation and the State of New York from any claims in any judicial or other proceeding for any harm, monetary or otherwise, which may arise as a result of my engaging in any gambling activities while participating in this Voluntary Exclusion Program, and from any injury I may suffer as a consequence of placing my name on the list of self-excluded persons.

Signature

Date

WITNESS:

I, _____, having been designated by NROTB to accept such application, do hereby state that I have compared the signature of _____ on this application to his/her photographic identification credentials and said signature appears to agree. Additionally, the photograph or physical description of the person on said credentials appears to agree with his or her actual appearance or identification credentials.

Print name (Branch, Shift, or Assistant Manager)

Branch Location

Signature (Branch, Shift, or Assistant Manager)

(ONLY A BRANCH, SHIFT, OR ASSISTANT MANAGER CAN WITNESS THIS FORM)

The manager will mail this form in a sealed envelope via inter-office mail to Nassau Regional Off-Track Betting Corporation, Mineola Executive Office, Attention: Legal Department.

This voluntary exclusion shall take effect upon the receipt of this form by Nassau Regional Off-Track Betting Corporation. You will be notified in writing of its receipt.

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Gambling Awareness

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If you believe gambling is a problem for you or someone you care about please call the New York State Office of Alcoholism and Substance Abuse at 1-877-8-HOPENY (1-877-846-7369), text HOPENY (467369) , or visit their website at www.oasas.ny.gov/gambling for help or information on Problem Gambling. Trained staff is available 24 hours a day, 365 days a year.

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