



## SELF-BAN FORM

**Please print clearly:**

|                                                |                  |                   |            |                             |  |
|------------------------------------------------|------------------|-------------------|------------|-----------------------------|--|
| Full Name:                                     |                  | S.S.#             |            | Insert <b>Photo</b> Here    |  |
| Street Address:                                |                  | Date of Birth:    |            |                             |  |
| City:                                          | State:           | Zip Code:         |            |                             |  |
| Home Phone #:                                  |                  | Business Phone #: |            |                             |  |
| Please list any additional names used:         |                  |                   |            | Driver's License # / State: |  |
| Height (feet/inches):                          | Weight (pounds): | Hair Color:       | Eye Color: | Gender:                     |  |
| Scars/Tattoos: NA                              |                  |                   | Ethnicity: |                             |  |
| Other Distinguishing Physical Characteristics: |                  |                   |            |                             |  |

I, \_\_\_\_\_, hereby request that I be excluded from and not be allowed to enter any and all casinos or gaming facilities (collectively, the "Gaming Facilities") owned, operated, or managed by Osage Tribe Gaming Enterprise, d/b/a Osage Casino. I acknowledge that this self-exclusion will include Gaming Facilities that are opened or acquired by Osage Casino after the date of this request. The term "Gaming Facilities" as used herein shall include any part of any casino or property, including but not limited to gaming areas, gaming floors, restaurants, and pavilions, under the control or management of Osage Casino.

I have carefully reviewed and understand the terms and conditions set forth in this Self-Exclusion Form, and I hereby covenant, agree and consent as follows:

1. I acknowledge that this self-exclusion constitutes an **irrevocable One Year ban** effective five (5) days proceeding the date of this request, from all Gaming Facilities owned, operated or managed by Osage Casino.
2. I will not attempt to enter and/or use any of the services or privileges of any Gaming Facility owned, operated or managed by Osage Casino.
3. I acknowledge that should I attempt to enter into a Gaming Facility or use the services of any such facility and am detected, I will be promptly removed from the premises and hereby consent to such removal. I further acknowledge that I may be arrested and prosecuted for trespassing and other criminal violations under the law.

4. I consent and agree to have my photograph taken by security personnel to be used solely for identification purposes in connection with the enforcement of this self-exclusion.
5. AS OF THE DATE HEREOF, I ACKNOWLEDGE AND AGREE THAT I AM NOT ENTITLED TO RECOVER ANY LOSSES NOR ELIGIBLE TO COLLECT ANY JACKPOTS, COUPONS, PROMOTIONS, DRAWINGS, TICKET REDEMPTIONS, COMPS, OR OTHER PRIZES IN ANY FORM. I CONSENT TO FOREGO ANY AND ALL WINNINGS THAT I MAY HAVE AT THE GAMING FACILITIES, WITHOUT RECOVERY OF ANY LOSSES OR AMOUNTS THAT MAY HAVE BEEN SPENT AT THE GAMING FACILITIES.
6. I waive any right to any complementaries or other benefits that I may have earned in any player reward program, and that those complementaries and benefits shall be void and uncollectible.
7. I request and authorize Osage Casino, its employees, agents, and representatives to confiscate any and all jackpots, coupons, promotions, drawings, ticket redemptions, complementaries or other prizes in any form given to me in error or as a result of deception on my part.
8. I acknowledge that OSAGE CASINO, its employees, affiliates, agents, and representatives shall take reasonable steps to remove my name from any mailing lists, promotional offers, and other means of marketing, but I will notify the marketing department of OSAGE CASINO by phone at [insert phone number] if I receive any marketing or promotional materials. I further acknowledge that any marketing or promotional materials sent in error to me by mail or otherwise shall neither create nor be construed to create any right, claim or cause of action for damages against OSAGE CASINO, its employees, affiliates, agents or representatives.
9. I acknowledge that by accepting this self-exclusion request and taking reasonable steps to abide by this request, OSAGE CASINO, its employees, affiliates, agents and representatives are not creating a duty nor are they obligated in any way to prevent my access to any Gaming Facility. The ultimate responsibility to limit my access to any Gaming Facility remains mine alone.
10. I hereby release and forever discharge OSAGE CASINO, its employees, affiliates, agents and representatives from any liability to me and my heirs, administrators, executors, successors and assigns from 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 and the matters contemplated herein.
11. I agree to indemnify and hold harmless OSAGE CASINO, its employees, affiliates, agents and representatives to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including attorneys' fees, resulting from or in connection with the performance or non-performance of this self-exclusion request and the matters contemplated herein.
12. I certify that the information that I have provided above is true and correct in all respects.

**\*\*IMPORTANT NOTIFICATION\*\***

The person named within this self-exclusion must request in person and in writing to self-lift the exclusion within five (5) days from the date the self-exclusion was signed. Failure to act within the five (5) day time period shall result in an **irrevocable One Year ban term**.

By signing below, I voluntarily, knowingly and intentionally agree to be legally bound by the terms and conditions set forth herein.

Signature: \_\_\_\_\_

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

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**DO NOT WRITE BELOW – FOR AUTHORIZED PERSONNEL USE ONLY**

Full Name: \_\_\_\_\_

Type of I.D. Offered: \_\_\_\_\_ **(\*Must make a photocopy\*)**

I certify that the signature of the person requesting self-exclusion of gaming privileges appear to agree with that contained on the above identification credentials, and any physical description or photography of the person appears to agree with his or her actual appearance.

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



## REVOCATION OF INSTRUCTION TO REJECT TRANSACTIONS

The undersigned holder ("Cardholder") of the card(s) specified below (the "Card(s)") does hereby revoke any prior instruction given to Global Cash Access, L.L.C. ("GCA") to reject any cash advance or ATM transaction requested using the Card(s). This revocation shall become effective upon GCA removing the Card(s) from its computer systems as card(s) subject to a Complete Rejection Instruction (as defined in the Instruction to Reject Transactions previously submitted by Cardholder) or a Daily Limit Instruction (as defined in the Instruction to Reject Transactions previously submitted by Cardholder). Cardholder understands that (A) a Complete Rejection Instruction may only be revoked after one year has passed since the date of the instruction, and (B) a Daily Limit Instruction may be revoked at any time.

Cardholder represents and warrants to GCA that Cardholder has all right, power and authority to make this revocation on behalf of all joint holders of the Card(s). The undersigned authorizes GCA to obtain credit reports using the information provided herein for the purpose of verifying the undersigned's identity and authority to make this revocation. Cardholder agrees that GCA's acceptance of any prior instruction has been solely as an accommodation to the instructing party, without any consideration to GCA; therefore, in no event shall GCA bear any liability for its acceptance, rejection, compliance or noncompliance with such prior instruction or this revocation for any reason whatsoever. Cardholder hereby waives any claims against GCA in connection with any prior instruction or this revocation, including without limitation GCA's rejection of transactions pursuant to any prior instruction, GCA's failure to comply with any prior instruction or GCA's rejection of transactions prior to the effectiveness of this revocation, and Cardholder agrees to indemnify GCA against any liability arising from or relating to any prior instruction or this revocation, including, without limitation, any liability to any joint holders of the Card, VISA U.S.A., Inc., MasterCard International, Inc., Discover/Novus Inc, any debit network, the issuer of the Card(s), any acquiring or merchant bank involved in the processing of transactions involving the Card(s) or any gaming establishment.

Cardholder agrees that this revocation shall be governed in all respects by the laws of the State of California, without regard to any conflicts of laws provisions which may result in the application of the laws of any jurisdiction other than the internal law of the State of California. Cardholder agrees that any claim or controversy arising out of any prior instruction or this revocation shall be settled by final and binding arbitration under the Commercial Arbitration Rules of the American Arbitration Association in Santa Clara County in the State of California by three arbitrators, one of whom shall be selected by GCA, one of whom shall be selected by Cardholder and the third of whom shall be selected by the mutual agreement of the other two arbitrators. Judgment on any award rendered by the arbitrators may be entered in any federal or state court located in Santa Clara County in the State of California. The arbitrators shall award to the prevailing party, if any, as determined by the arbitrators, all costs, fees and expenses of such arbitration, including attorneys' fees.

This information will remain confidential, and will be used solely for the purposes set forth above. Should you have questions about the status of your instruction, please call Denise Spada at (702) 855-3089.

Card/Account

holder: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Print Name)

Enter number on bottom of check, excluding check  
number: \_\_\_\_\_

Card \_\_\_\_\_

Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Optional Information:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth (Required): \_\_\_\_\_

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

Billing \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(exactly as on  
statements) \_\_\_\_\_  
3006.

Mail completed form to Global Cash Access, L.L.C., Attn: Denise Spada 7250 S. Tenaya Way, Suite 100  
Las Vegas, NV 89113, or fax to (702) 262-5062.