

**CASINO NOVA SCOTIA  
VOLUNTARY SELF-EXCLUSION PROGRAM**

**REINSTATEMENT AGREEMENT**

**Updated: October 2019**

<b>Staff Section Only</b>	
<i>This section to be completed by the staff accepting the individual's application to reinstate.</i>	
Organization Accepting the Application:	Casino Nova Scotia <input type="checkbox"/>
	<i>Mark <b>H</b> for Halifax or <b>S</b> for Sydney</i>
	Alcohol, Gaming, Fuel and Tobacco <input type="checkbox"/>
Employee's Name: _____	Title: _____
Date: _____	
Time: _____	

<b>Applicant Information</b>	
<i>Staff should sit down with the VSE enrollee and explain the process. This form should be filled out by the staff member. Contact information must be recorded directly as it appears on the VSE Enrollee's Driver's License or government-issued identification used to complete this form.</i>	
First Name: _____	Last Name: _____
Address: _____	
City / Town: _____	Province: _____ Postal Code: _____
Phone 1: _____	Phone 2: _____
Date of Birth: _____	
YY	MM DD
<b>Voluntary Self-Exclusion #:</b> _____	
<i>Voluntary Self-Exclusion Number assigned by Casino Nova Scotia.</i>	

**Informed Consent**

The following outlines the details of the Voluntary Self-Exclusion Reinstatement Agreement. Please read and initial each statement to indicate you have read and understood each one. Once you sign this Agreement it will come into effect seven days from the date of signing. It is important that you understand the Voluntary Self-Exclusion Reinstatement Agreement, so please ask questions if you have any comments while reviewing this Agreement.

**Please initial to indicate you have read and understand each section**

1. I request that I be removed from the VSE Program and I be permitted to return to CNS to access casinos for events or functions (i.e., wedding or entertainment), participate in casino gaming activities and related promotional events. \_\_\_\_\_
2. I understand the decision to be removed from the VSE Program is solely my decision and I am making this decision freely and of my own free will. \_\_\_\_\_
3. I understand I have the option to remain in the VSE Program, to extend my exclusion for a period of six months, one year, three years or choose an indefinite period to remain in the VSE Program. \_\_\_\_\_
4. I acknowledge there are risks associated with engaging in gambling activities which could include financial loss. \_\_\_\_\_
5. I acknowledge that I have been provided with a gambling information package that provides information of game mechanics, tips on how to keeping gambling responsible and warning signs of problem gambling behaviours among other topics, and understand that the Responsible Gambling Resource Centre is available to me if I have questions or concerns about my gambling in the future. \_\_\_\_\_
6. I acknowledge that I have been provided with information on gambling resources. I am aware that should I require information or help with problem gambling, I can contact the Gambling Support Network by calling 1-888-347-8888 or 1-888-347-3331 (TTY for the hearing impaired), or visiting [gamblingsupportnetwork.ca](http://gamblingsupportnetwork.ca) Information and/or help is free of charge and is available 24 hours a day, seven days a week. \_\_\_\_\_
7. I acknowledge there is a seven-day waiting period, starting on the date of this application before I can enter CNS. I understand, the earliest point when I can enter CNS is the start of business on: \_\_\_\_\_ (MM/DD/YY). \_\_\_\_\_
8. I acknowledge that I will not hold CNS, the Province of Nova Scotia or any of its agents liable for any future financial loss, non-financial loss or other forms of damages based on my decision to remove myself from the VSE Program and participate in gaming activities. \_\_\_\_\_
9. I acknowledge that I have read and understood this agreement and accept the terms of the Reinstatement Agreement and the VSE Program. \_\_\_\_\_
10. I acknowledge that if I choose to enroll in the Casino Player's Club Program, I will be added to the Casino marketing mailing list and will receive information on promotions related to gaming activities with the purpose of influencing my decision to visit CNS. \_\_\_\_\_

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

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