

# CASINO NOVA SCOTIA VOLUNTARY SELF-EXCLUSION PROGRAM

## REINSTATEMENT AGREEMENT

**Updated: October 2019**

Staff Section Only	
<i>This section to be completed by the staff accepting the individual's application to reinstate.</i>	
Organization Accepting the Application:	<div style="display: flex; justify-content: space-between;"> <span>Casino Nova Scotia</span> <input style="width: 40px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center; font-size: small;">Mark <b>H</b> for Halifax or <b>S</b> for Sydney</div> <div style="display: flex; justify-content: space-between;"> <span>Alcohol, Gaming, Fuel and Tobacco</span> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>
Employee's Name: _____	Title: _____
Date: _____	
Time: _____	

Applicant Information				
<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: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; width: 100px; text-align: center;">YY</td> <td style="border-right: 1px solid black; width: 100px; text-align: center;">MM</td> <td style="width: 100px; text-align: center;">DD</td> </tr> </table>		YY	MM	DD
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.

## Casino Nova Scotia

### Voluntary Self-Exclusion Reinstatement Agreement

Updated: April 30, 2024

	Read & Understood (Initial)
<p><b>Overview:</b></p> <p>The Casino Voluntary Self-Exclusion Program ("VSE Program") is designed for people who feel it is in their best interest not to participate in casino gambling. The program provides individuals with the option to select exclusion term lengths of six months, one year, three years or an indefinite term. For the indefinite term, individuals are eligible to apply for reinstatement at the three-year anniversary of when they entered the program.</p> <p>At the end of the selected term length or the required exclusion period for the indefinite term, the individual is eligible to apply for reinstatement and be permitted back on Casino property should they wish to do so.</p>	<hr/>
<p><b>Agreement:</b></p> <p>1. Through this agreement, I am formally requesting that I be removed from the VSE Program and that I be permitted to return to Casino properties in Nova Scotia.</p>	<hr/>
<p>2. I understand that the decision to be removed from the VSE Program is solely my decision and I am making this decision freely and of sound mind.</p>	<hr/>
<p>3. I understand that I have the option to remain in the VSE Program, extend my exclusion for a period of six months, one year, three years or choose an indefinite period to remain in the VSE Program.</p>	<hr/>
<p>4. I understand that by removing myself from the VSE Program, I will not be prevented from entering Casino properties and will be able to wager, will be permitted to participate in promotional activities.</p>	<hr/>

<p>5. I consent to being added to the Casino marketing mailing list and by doing so, I will receive information on promotions related to gaming activities with the purpose of influencing my decision to visit the Casino.</p> <p style="text-align: right;"><input type="checkbox"/> Consent   <input type="checkbox"/> Decline</p>	<p>_____</p>
<p>6. I acknowledge there are risks associated with engaging in gambling activities which could include financial loss and / or non-financial damages or losses.</p>	<p>_____</p>
<p>7. I acknowledge that I have been provided with a Responsible Gambling Information package which, among other topics, provides information of game mechanics, tips for keeping gambling responsible and warning signs of problem gambling behaviours.</p>	<p>_____</p>
<p>8. I acknowledge that I have been provided with information on problem gambling resources. I am aware that should I require information or help with problem gambling, I can contact the <b>Nova Scotia Provincial Mental Health and Addictions Crisis Line</b> by calling 1-888-429-8167. This line provides crisis support for anyone, or someone they care about who may be experiencing a mental health or addictions crisis. <b>The Crisis line is free, confidential, and available 24 hours a day, seven days a week.</b></p>	<p>_____</p>
<p>9. I acknowledge there is a seven-day waiting period, starting on the date of this application before I can enter the Casino Property. I understand, the earliest point when I can enter the Casino is the start of business on _____.</p>	<p>_____</p>
<p>10. I acknowledge that I will not hold the Casino Operator, the Province of Nova Scotia or any of its agents liable for 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 casino gambling activities.</p>	<p>_____</p>

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

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