

**CASINO NOVA SCOTIA
VOLUNTARY SELF-EXCLUSION
ENROLLEE INFORMATION FORM**

Updated: October 2019

Voluntary Self-Exclusion #: _____

Voluntary Self-Exclusion Number assigned by Casino Nova Scotia.

Staff Section Only

This section must be completed by the staff accepting the individual's application to enroll in the Voluntary Self-Exclusion Program.

Organization Accepting the Application: Casino Nova Scotia

*Mark **H** for Halifax or **S** for Sydney*

Alcohol, Gaming, Fuel and Tobacco

Employee's Name: _____

Title: _____

Date: _____

Time: _____

Individual's Information

Staff should sit down with the individual 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 individual's Driver's License or government-issued identification used to complete this form.

What gender does the individual identify as? (noted on their Driver's License or government-issued identification)

Male

Female

Other / Prefer Not to Say

First Name: _____

Last Name: _____

Address: _____

City / Town: _____

Province: _____ Postal Code: _____

Phone 1: _____

Phone 2: _____

Date of Birth: _____

YY MM DD

Player's Card Number: _____

If the individual is a Player's Club Member, note the Player's Card Number if available.

Mailing Address (If Different from Above)

Address: _____

City / Town: _____

Province: _____ Postal Code: _____

Identification Used Driver's License Citizenship Card

Permanent Resident Card Government ID

Passport Indian Status Card

Vehicle Details (at time of enrollment)

Vehicle information is optional. If the individual is willing to provide vehicle information, it should be recorded. It may be used to monitor attempted breaches. Vehicle information will not be updated for any future changes..

Make of Vehicle: _____

Year: _____

Model: _____

License Plate: _____

Individual's Endorsement

Important: This agreement may be declared void if the contact information provided is false, inaccurate or otherwise misleading

I certify that the above contact information is accurate and correct

Signature _____

Date _____

Signature of Staff Accepting Application: _____

Date: _____

Title: _____

Freedom of Information and Protection of Privacy Act

The information you provide on and with this agreement is collected under the authority of the *Gaming Control Act* and the *Freedom of Information and Protection of Privacy Act*. It will be used for the administration of the Voluntary Self-Exclusion Program, for contact purposes and program evaluation. Your personal information is protected by Nova Scotia's *Freedom of Information and Protection of Privacy Act* and can be reviewed on request.

If you have any questions about the collection or use of this information, please contact the Nova Scotia Gaming Corporation at (902) 424-2203.

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

AGREEMENT

Updated: October 2019

Overview

The Voluntary Self-Exclusion (VSE) Program is offered by Casino Nova Scotia (CNS) to help players manage their play. It is voluntary and allows players to exclude themselves from CNS for a period of six months, one year, three years, or indefinitely. Players can only apply to be reinstated once their exclusion term is complete. An exclusion term may also be extended.

Informed Consent

We are pleased to support you in your desire to self-exclude. The following outlines the details of the VSE Program. Please read and initial each statement to indicate you have read and understand each one. Once you sign this form, the Agreement comes into effect.

It is important that you understand the VSE Program, so please ask questions if you have any concerns while reviewing this Agreement.

Please initial to indicate you have read and understand each section

1. I, _____ of _____
(First Name) (Last Name) (city/town)

In the Province of _____, freely and voluntarily enroll in the Voluntary Self-Exclusion Program ("VSE Program") and agree that I will not enter CNS while I am a participant in the VSE Program. _____

2. I am entering into this Agreement voluntarily and I am personally responsible for ensuring that I comply with this Agreement. I agree that I am willing and able to avoid entering CNS facilities. _____

3. 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). Information and/or help via the Problem Gambling Help Line is free of charge and is available 24 hours a day, seven days a week. _____

Voluntary Self-Exclusion Term Length

- 4. I understand that I have options for the duration of my VSE Program term. I choose to exclude myself from CNS for a minimum period of (please check one):
 - Six months
 - One year
 - Three years
 - Indefinite*

This will be known as my "Selected Term" _____

**There is a minimum length of three years before the ability to request reinstatement into the casinos if the indefinite term is selected.*

- 5. Other than the indefinite term, I cannot terminate my enrollment in the VSE Program through a Reinstatement Agreement until the completion of my Selected Term. If I have selected the indefinite term, I understand that I must wait a minimum of three years before I am eligible to apply to terminate my enrollment in the VSE Program through a Reinstatement Agreement. _____

- 6. Based on my term length selection above, the earliest date I could apply to reinstate to be able to enter CNS is _____ (MM/DD/YY). _____

- 7. I understand that, no matter what term I select, I will continue to be enrolled in the VSE Program until I apply to be reinstated through a Reinstatement Agreement. I cannot revoke, withdraw or rescind this Agreement prior to the end of the earliest reinstatement date. _____

- 8. I may extend the length of my exclusion by a further six months, one year, three years or choose to have an indefinite ban length at any time. _____

Player's Club Program and Marketing Material

- 9. By enrolling in the VSE Program, I understand that my Player's Club membership will be cancelled and any Player's Club Points I have accumulated to date will be eliminated as a result. _____

- 10. Although every effort will be made by CNS to stop all future mailing and promotional materials, there is a possibility I may still receive marketing information that has already been sent for circulation and cannot be stopped or certain unaddressed marketing and promotional material. I understand I will not be able to redeem any promotional offers once enrolled in the VSE Program. _____

Property Access Restrictions

- 11. Immediately upon signing this Agreement, I request that I be refused entry into CNS for the duration of my Selected Term and be prevented, where reasonably possible, from entering, or in any way trespassing on any CNS property. _____

12. I understand that if I enter or attempt to enter CNS during the term of this Agreement, I will be in violation of this Agreement and I will be requested to leave immediately and may be removed under Section 252 (1) (e) of the Casino Regulations and may be charged under the *Nova Scotia Protection of Property Act*. _____

13. If I attempt to violate this Agreement by entering CNS, I understand CNS staff cannot guarantee that I will be identified and stopped from entering or remaining in the casino. _____

Use of Personal Information

14. I understand the information I have provided on and within these forms is collected under the authority of the *Gaming Control Act* and the *Freedom of Information and Protection of Privacy Act*. It will be used for the administration and evaluation of my voluntary self-exclusion, including the reinstatement process. _____

15. I acknowledge that enrolling in the VSE Program requires that my photograph and personal information be provided to enable CNS to take reasonable steps to exclude me from casino property. I consent to having photograph(s) of me taken and providing the information required, and I consent to the sharing of the photograph and information by Alcohol Gaming Fuel & Tobacco Division (AGFT) and CNS. _____

16. I consent to have my information shared on a confidential basis with Nova Scotia Vital Statistics for the purposes of maintaining an accurate and up to date list of VSE Program enrollees. _____

Disentitlement of Winnings & Prizes

17. While under the terms of this Agreement, I understand that I cannot place wagers or bet and cannot win money or prizes from those bets at CNS. I understand I am not eligible for promotional prizes, gifts or giveaways of any value. If I win cash or a prize while placing a wager in breach of this Agreement, I will not be able to claim my prize or winnings and any wagers, prizes and winnings are forfeited to CNS. _____

18. If I violate this Agreement by entering CNS while excluded through this Agreement, I may expose myself to risk of financial loss as well as other non-financial damages or losses. _____

19. I waive and release the Alcohol, Gaming, Fuel and Tobacco Division, Casino Nova Scotia, the Nova Scotia Gaming Corporation and the Province of Nova Scotia , from any kind of liability including, without limitation, any financial or other loss that I may incur, whether directly or indirectly, as a result of gaining entrance to CNS in violation of the voluntary exclusion. _____

20. I further agree to indemnify the Alcohol, Gaming, Fuel and Tobacco Division, Casino Nova Scotia, the Nova Scotia Gaming Corporation and the Province of Nova Scotia from any claim by or on behalf of my spouse, my children or other dependents, directly or indirectly, for any kind of loss _____

suffered as a result of me gaining entrance to CNS in violation of this Agreement.

21. I acknowledge that I have read and understood this agreement and acknowledge and confirm that I am signing this Agreement and entering into the VSE Program entirely of my own free will. I accept the terms of this Agreement and the VSE Program. _____

22. I declare that the information provided by me for the purposes of the Agreement is accurate and free of content that is false or misleading. _____

Signature: _____

Date: _____

Witness: _____

Date: _____