

# 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 AGREEMENT**

**Updated: April 30, 2024**

	Read and Understood (Initial)
<p><b>Overview:</b></p> <p>The Casino Voluntary Self-Exclusion Program is designed for people who feel it is in their best interest not to participate in casino gambling. People who choose to participate in the Voluntary Self-Exclusion Program voluntarily agree to keep themselves out of and be banned from all licensed casino facilities in Nova Scotia.</p> <p>The Alcohol, Gaming, Fuel and Tobacco Division (AGFTD) of Service Nova Scotia and Municipal Relations, Nova Scotia Gaming Casino Corporation (NSGC), the Responsible Gambling Resource Center (RGRC) and the operators of all Casinos in Nova Scotia are prepared to help participants in the Voluntary Self-Exclusion Program in excluding themselves.</p>	_____
<p><b>Agreement:</b></p> <p>1. In consideration of the AGFTD, NSGC and the operators of all Casinos in Nova Scotia helping me exclude myself from Casinos in Nova Scotia:</p> <p>_____ of _____            (first) (last) (city/town)</p> <p>Agree that I will not enter into any Casino in Nova Scotia while I am a participant in the Voluntary Self-Exclusion Program.</p>	_____
<p>2. I understand that I have the option of excluding myself for a period of <b>six months, one year, three years or for an indefinite period</b>. Based on these options, I choose to exclude myself from all Casinos in Nova Scotia for a period of _____ (the "Selected Term").</p>	_____
<p>3. I understand that, no matter what term I select, I will continue to be enrolled in the Voluntary Self-Exclusion Program until I apply to be removed through the Reinstatement Process.</p>	_____

4. I understand that I am not eligible to apply to be removed from the Voluntary Self-Exclusion Program through the Reinstatement Process until the completion of my Selected Term (i.e., six months, one year, three years).	_____
5. 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 be removed from the Voluntary Self-Exclusion Program through the Reinstatement Process.	_____
6. I request that I be refused entry into <b>all</b> Casinos in Nova Scotia for the duration of my selected term and be prohibited where reasonably possible from entering onto, or in any way trespassing upon any Casinos, <b>immediately</b> upon signing this Agreement.	_____
7. I acknowledge that the AGFTD and all Casinos in Nova Scotia require my photograph and personal information in order that the Casino operator can take reasonable steps to ban me. I consent to having such photograph(s) of me taken and providing the information required.	_____
8. 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 Voluntary Self Exclusion Program enrollees.	_____
<b><i>I further agree that:</i></b>	
9. This Agreement remains in effect for the duration of my Selected Term and can only be terminated by successfully submitting the reinstatement form which cannot be submitted any earlier than _____ months from the date of this agreement.	_____
10. I cannot modify, revoke, withdraw or rescind this Agreement prior to its termination.	_____
11. 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 keep myself out of all Casinos in Nova Scotia.	_____
12. If I enter, or attempt to enter into a Casino in Nova Scotia during the term of this Agreement, I will be in violation of this Agreement.	_____

13. If I attend any Casino in Nova Scotia during the term of this Agreement, and am identified by AGFTD or Casino facility staff, I will be requested to leave immediately, and may be removed under Section 252 (1) (e) of the Casino Regulations and charged under the <i>Nova Scotia Protection of Property Act</i> .	_____
14. If I attempt to violate this Agreement by entering into a Casino during the term of this Agreement, I understand that there is a risk that neither AGFTD nor any Casino or its staff can guarantee that I will be properly identified and prohibited from entering or remaining in a Casino.	_____
15. If I violate this Agreement by entering into a Casino during the term of this Agreement, I may expose myself to risk of financial loss as well as other non-financial damages or losses.	_____
16. While under the terms of this agreement, I am disqualified from placing any wagers at a casino and benefiting from the outcome. I understand I am not eligible for promotional prizes, gifts or giveaways of any value.	_____
17. I further understand that any points, entitlements, or benefits I have accumulated through participation in the Casino "Players Club Program" will be eliminated as a result of enrolling in the VSE program.	_____
18. By participating in the Voluntary Self-Exclusion program, I understand that I have taken an important step to getting my gambling under control. 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>	_____
19. I understand that this Agreement can only be terminated through the successful submission of the reinstatement form.	_____
20. I agree that an agent of the AGFTD or a member of the RGRC may contact me periodically as a follow-up to my enrolment in the Voluntary Self-Exclusion Program, to inform me of the upcoming expiry of my selected term (if not indefinite) and/or contact me regarding participation in the Voluntary Self-Exclusion Program evaluation(s).  <div style="text-align: right;"><input type="checkbox"/> Agree      <input type="checkbox"/> Decline</div>	_____

21. I understand that the AGFTD and Casinos have not committed to, nor are they responsible for, excluding me from the Casinos. I am not placing any obligation, duty or responsibility on anyone except myself.	_____
22. I acknowledge that by their agreeing to my request to exclude me from the Casinos, the AGFTD and Casinos are not admitting, and specifically deny, any responsibility to me for past or future gambling losses which I have or may incur.	_____
23. I waive and release the AGFTD and Casinos, 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 the Casinos in violation of the voluntary ban.	_____
24. I further agree to indemnify the AGFTD and Casinos from any claim by or on behalf of my spouse, my children or other dependants, directly or indirectly, for any kind of loss suffered as a result of me gaining entrance to the Casinos in violation of this ban.	_____
25. I understand the AGFTD and Casinos referred to in this Agreement includes their parent companies, shareholders, subsidiaries, affiliates, or successors, as well as all of their directors, officers and employees, and including the Province of Nova Scotia and any of Her Majesty's government departments, agencies, corporations, their agents, officers, directors and employees.	_____
26. I understand the information I have provided on and with this form is collected under the authority of the <i>Gaming Control Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i> . It will be used for contact purposes, and for the administration and evaluation of my voluntary self-exclusion request, including the reinstatement process.	_____
27. I declare that the information provided by me for the purposes of the Agreement is accurate and free of content that is false, inaccurate or misleading.	_____
28. I understand that I have the right to seek independent legal or other professional advice before signing this agreement.	_____

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

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