

GAMING SELF-EXCLUSION AGREEMENT

Name and address of Venue to be excluded from:

Venue Name	Venue Address

Name and address of other Venues to be excluded from* (optional):

Venue Name	Venue Address

* - these venues may not recognise this self-exclusion Agreement, or other multi-venue exclusions, because they have their own separate self-exclusion scheme service provider.

By signing this Agreement, I, _____
(Print name)

1. Agree that I will not play gaming machines at the above Venue(s) for a minimum period of 6 months from the day I sign this Agreement; and
2. I wish to be excluded from the following part(s) of the above Venue(s) for a minimum period of 6 months from the day I sign this Agreement **[mark one square as appropriate]**:
 - Any area where gaming machines are located; OR
 - Any area where gaming machines, or any other gambling facilities, are located; OR
 - The whole Venue.

Note: You may choose to be excluded from the entire venue. The Venue cannot make you exclude yourself from the entire venue.

3. I do / do not (delete as appropriate) want to receive club promotional material that refers to gaming machines. *[Note: Hotels cannot distribute material in relation to gaming machines]*
4. I agree to having my photo taken and stored.
5. I agree to having the following personal information collected and stored (either electronically or otherwise) for the purpose of assisting the Venue(s) to identify me:
 - my name, gender, place of residence (suburb, postcode, State), telephone contact, date of birth, and photo.
 - this information will be stored until my self-exclusion ends, will be kept securely and will only be used by the venue to assist me to comply with my self-exclusion. This information will be destroyed when this Agreement has ended.
6. I agree to the Venue forwarding the above personal information to the Venues nominated above.
7. I agree / disagree (delete as appropriate) to the Venue forwarding the above personal information to a problem gambling counsellor who will contact me by phone to discuss how I can manage my gambling problem and to assist me in complying with my self-exclusion (DELETE if you have no phone contact or DO NOT WANT TO BE CONTACTED FOR FOLLOW-UP SUPPORT).

NOTE: RESEARCH HAS SHOWN THAT YOU WILL BE BETTER ABLE TO MANAGE YOUR GAMBLING WITH TREATMENT FROM A GAMBLING COUNSELLOR.

8. I acknowledge that I have been provided with written information about gambling, counselling or treatment services by the Venue's staff.

THIS IS NOT A LEGAL DOCUMENT. You may seek legal advice before making this Agreement but you do not have to.

The Venue(s) you have excluded yourself from will use all reasonable means to enforce your exclusion but the ONUS IS ON YOU TO COMPLY WITH YOUR SELF-EXCLUSION.

- The Gaming Machines Act may limit the Venue's(s') legal liability for the operation of a self-exclusion scheme.
- The Gaming Machines Act allows the Venue(s) to use force that is reasonable in the circumstances to prevent you from entering or remaining in the area(s) you have asked to be excluded from (which may include the entire Venue(s)).

I HAVE READ THIS AGREEMENT AND THE INFORMATION ON ENDING SELF-EXCLUSION. I AGREE TO COMPLY WITH ALL CONDITIONS AND CONSENT TO THE USE OF MY PERSONAL INFORMATION AS INDICATED ABOVE.

Date: ____ / ____ / _____

Participant's signature: _____

Print name: _____

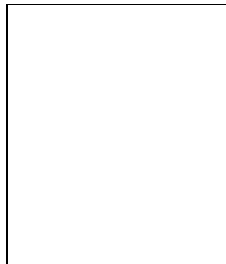
Address: _____

Signature of authorised representative of Venue: _____

Print name: _____ Position: _____

Name of Venue: _____

Date: ____ / ____ / _____



Place photo here

ENDING YOUR SELF-EXCLUSION

- You cannot end your self-exclusion for at least 6 months.
- After your self-exclusion has ended, all personal information that can be used to identify you will be deleted/destroyed.

I want this self-exclusion Agreement to end:

- Automatically at the end of the minimum 6-month period; OR
- Automatically after ____ months [**enter number of months – no more than 36 months (i.e. 3 years)**]; OR
- When I complete an "End of Self-Exclusion Form" (Attachment A) at the end of the minimum 6-month exclusion period, but no longer than 3 years from the day I sign this Agreement.

CONTACT DETAILS OF COUNSELLING SERVICE USED BY VENUE (to be added by venue)

Service Name: _____

Address: _____ Phone: _____

END OF SELF-EXCLUSION FORM

I, _____ signed a Self-Exclusion Agreement at
(Print name)

_____ on ____/____/_____.
(Name of venue) (Date)

I want to end my self-exclusion from ____/____/_____.
(Date)

Participant to sign: _____

Address: _____

Date: _____

Signature of authorised representative of Venue: _____

Print name: _____ Position: _____

Name of Venue: _____

NOTE:

- Participants are advised to consult a gambling counsellor before ending their Self-Exclusion Agreement, to get advice on whether or not it is appropriate to end the Agreement.
- This "End of Self-Exclusion Form" cannot take effect within 6 months of the commencement of the Self-Exclusion Agreement to which it relates.
- The Venue undertakes to send the details of this "End of Self-Exclusion Form" to the other Venue(s) covered by the Self-Exclusion Agreement signed by the participant.