

**MODOC TRIBE OF OKLAHOMA  
THE STABLES CASINO  
530 H ST. SE, MIAMI, OK 74354  
PHONE: 918-542-7884 FAX: 918-542-7894**

**SELF-EXCLUSION FORM**

**Please Print Clearly:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias/Nickname(s): \_\_\_\_\_ Race: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal Description:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Scars/Tattoos: \_\_\_\_\_

**\*\*\*\*\*PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE\*\*\*\*\***

I, \_\_\_\_\_, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from all Modoc Casino's in Oklahoma. I hereby request and authorize Modoc Tribe Gaming Commission to place my name on the list of self-excluded persons for a period of:

One (1) year: \_\_\_\_\_ Five (5) years: \_\_\_\_\_ Ten (10) years: \_\_\_\_\_

Permanently: \_\_\_\_\_ (Please Check one)

- This exclusion is valid for all Modoc Casino's within Oklahoma and all services associated with Modoc Casino's.
- I will not attempt to enter and/or use any of the services or privileges of any Modoc Casino for the length of time indicated from which I have requested exclusion during the period indicated above.
- I acknowledge and understand that should I attempt to enter a Modoc Casino or use the services of the facility that once identified: I shall be promptly escorted from any Modoc Casino.
- I knowingly and willfully acknowledge that by completing this Self-Exclusion form: that it is totally my own responsibility not to enter any Modoc Casino.
- **THIS SELF-EXCLUSION REQUEST IS IRREVOCABLE DURING THE TIME PERIOD INDICATED ABOVE.**
- The Modoc Tribe Gaming Commission will treat this self-exclusion request confidentially.
- I understand that the Modoc Tribe Gaming Commission shall require gaming facilities to remove my address from all mailing lists and revoke any player's club cards.
- I understand that the Modoc Tribe Gaming Commission shall prohibit the Modoc Casino Personnel from paying a: jackpot/ticket/promotions to a person who is on the Tribal/State self-exclusion list. **Any funds won by a person on the self-exclusion list shall be donated by the Modoc Tribe Personnel to a nonprofit charitable organization.**

**I have reviewed and understand the terms and restrictions of this self-exclusion and agree to all of them.**

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**SELF-EXCLUSION FORM (Continued)**

**Please Print Clearly:**

- I understand that neither the Modoc Tribe of Oklahoma, Modoc Casino, Modoc Tribe Gaming Commission, nor any associate thereof shall be liable to any self-excluded person or to any other party in any proceeding and neither the tribe, casino personnel, nor the Modoc Tribe Gaming Commission shall be deemed to have waived its sovereign immunity with respect to any person for any harm, monetary or otherwise, which may arise as a result of:
  1. The failure of casino personnel or Modoc Tribe Gaming Commission to withhold or restore gaming privileges from or to a self-excluded person: or
  2. Otherwise permitting a self-excluded person to engage in gaming activity in a casino while on the list of self-excluded persons.
- I understand that it may take up to 60 days from the time I request a self-ban before my name will cycle out of any mailings that I currently receive from Modoc Casino's.
- I understand that I am not permitted to utilize any offers that I may receive from any Modoc Casino after the executed date submitted on the self-ban form.
- I will not seek to hold the Modoc Tribe of Oklahoma or Modoc Gaming Commission liable in any way should I enter a Modoc Casino and/or use any of the services or privileges therein despite this exclusion request and I agree to indemnify the Modoc Tribe of Oklahoma for any liability to this request.

Executed at (City) \_\_\_\_\_, (State) \_\_\_\_\_, on this \_\_\_\_\_ day of  
(Month) \_\_\_\_\_, (Year) \_\_\_\_\_

Guest Signature: \_\_\_\_\_

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**For Notary Use Only**

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, of 20\_\_\_\_

Notary Public in the State of \_\_\_\_\_ for the County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)

Notary Public Signature: \_\_\_\_\_

Mail or deliver completed form with picture attached to:

**The Stables Casino  
530 H St. SE  
Miami, OK 74354**