

WAIVER AND RELEASE

I hereby release and forever discharge the State of New York, New York State Lottery, Tioga Downs Casino and its employees, agents, and all gaming licensees and their employees and agents from any liability to me and my heirs, administration, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason on any act or omission relating to this request for self-exclusion or my request for removal from the self-exclusion list including (1) its processing or enforcement, (2) the failure of a gaming licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming and raceway or simulcast facility while on the list of self-excluded persons, (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at Tioga Downs Casino. I certify that the information that I have provided above is true and accurate, and that I have read, understand, and agree to the waiver and release included with the request for self-exclusion. I am aware that my signature below authorizes Tioga Downs Casino to enforce my exclusion indefinitely. At the conclusion of the self-exclusionary period I have selected, I may apply for reinstatement of my gaming privileges by submitting a written request to Tioga Downs Casino. I understand that I may not apply for reinstatement until this period expires, and I understand that I will be excluded indefinitely until such time as I apply for reinstatement. I understand that if I am found within the video lottery gaming facility after having been voluntarily excluded, I will be subject to arrest for criminal trespass if I refuse to be escorted from the facility. Further, I authorize the video lottery gaming agent to send a copy of my request to each video lottery gaming facility located within New York State. I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at Tioga Downs Casino and that any money or thing of value obtained by me from, or owed to me by Tioga Downs Casino as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. Furthermore, I agree that any money or thing of value obtained by me from, or owed to me, by Tioga Downs Casino as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. I am aware that during my period on the self-exclusion list I will be denied access to any player club promotions, offers or memberships relating to gaming activities at Tioga Downs Casino.

SIGNED _____
DATE _____

Only if Mailed:
NOTARY PUBLIC SIGNATURE: _____ DATE _____

I hereby certify that the above signed individual appeared before me on the date indicated.
TYPE OF I.D. OFFERED _____

I certified that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

_____ VLT Lic# _____ DATE _____
Facility Representative