



ADVANCE DEPOSIT WAGERING VOLUNTARY SELF EXCLUSION FORM

BY FILLING OUT THIS FORM I AM HEREBY REQUESTING VOLUNTARY SELF-EXCLUSION FROM THE SPECIFIC MULTI-JURISDICTIONAL SIMULCASTING AND INTERACTIVE WAGERING TOTALIZATOR HUBS ACCOUNT DEPOSIT WAGERING (ADW) PLATFORMS NAMED HEREIN:

(Insert ADW Name(s) here) _____

(THIS FORM MAY ONLY BE SUBMITTED BY THE PERSON WHO IS REQUESTING TO BE EXCLUDED FROM ADVANCED DEPOSIT WAGERING (ADW). THE FORM DOES NOT APPLY TO OTHER ADWS OR GAMBLING OPERATORS NOT NOTED HEREIN.)

By submitting this completed voluntary self-exclusion form, I agree to be excluded from all wagering through the above listed ADWs.

I understand that by making the request to be voluntary self-excluded from the above named ADWs that I will also be removed from any affiliates of those ADWs:

Signature _____ Date _____

PLEASE PRINT. ALL FIELDS ARE REQUIRED.

Name: _____
Last
First
Middle

Do you use any other name or names (maiden, alias, or nickname)? If yes, please list:

_____ | _____ | _____ | _____
 Home Address (Street, Number, Apt) City State Zip

Preferred Telephone Number: _____

Date of Birth: ____/____/____ (MMDDYY)

What is your sex? _____
Male
Female
Other

In the chart below please list the ADW account numbers from which you wish to be voluntary self-excluded:

ADW NAME	Main Account Number	Additional Account Numbers If Any

MINIMUM SELF-EXCLUSION PERIOD:

Exclusion will be enforced for the period selected below, with no exceptions, from the time in which the form is received. You will remain on the self-exclusion list until you complete the entire exclusion period, regardless of any change in personal circumstances. Extension of selected term may be requested.

Select the period you are requesting to be excluded and insert your initials to confirm your selected exclusion period:

_____ One year _____ Three years _____ Five years _____ Lifetime

For help with a gambling problem call, text or chat the 24/7 National Council on Problem Gambling Helpline at 1-800-522-4700 or visit www.ncpgambling.org. Reaching out is free, confidential, and resources are available in multiple languages.

WAIVER AND RELEASE – INITIALS AND SIGNATURE REQUIRED WHERE INDICATED

I understand that by submitting this request, it shall not create any cause of action, right of action, claim, or other right whatsoever in favor of any person against the State of Oregon, the Oregon Racing Commission or any of the representatives or employees of any of the foregoing entities.

I hereby release and forever discharge the State of Oregon and the Oregon Racing Commission, and the representatives and employees of the State of Oregon and the Oregon Racing Commission to the extent permitted by law (ORS 30.260 to 30.300), from any liability to me and my heirs, administrators, executors and assignees for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission on my part, or the part of the Oregon Racing Commission and its employees, relating to this request for voluntary self-exclusion, or any subsequent request I may make for removal from any self-exclusion list, including:

- (1) processing or enforcement of this request or any subsequent request;
- (2) not permitting me to engage in wagering activity while I am on the list of self-excluded persons.

INITIALS REQUIRED BELOW

_____ I certify that the information I have provided herein is true and accurate.

_____ I am not presently under the influence of drugs, an alcoholic beverage, or suffering from a mental health condition that impairs my ability to make an informed decision.

_____ I have read, understand, and agree to the Waiver and Release included with this request.

_____ I understand that under no circumstances will I be permitted to shorten the duration of my self-selected voluntary self-exclusion term.

_____ I understand that if I signed up for a lifetime self-exclusion but I am thereafter determined to be actively using any of the ADWs listed herein through an account number listed herein, or through a previously unlisted account number, after having been voluntarily self-excluded for the self-selected "lifetime" period, my self-exclusion will be converted to an involuntary (period of time) exclusion.

_____ I am aware that my signature authorizes the ADW(s) listed herein to close my account(s) listed herein for the duration of the voluntary self-exclusion period I selected and that until my name has been removed from the voluntary self-exclusion list, they will not reopen my listed account.

_____ I understand and agree that self-exclusion is my personal responsibility and not the responsibility of the State of Oregon State or the Oregon Racing Commission and its employees or agents.

_____ I understand and agree that this exclusion will prevent the receipt of direct marketing and promotion materials from the ADW(s) listed herein.

_____ I acknowledge and understand that this voluntary self-exclusion request does not release me from any debts I incurred prior to, or even during (should I attempt to continue wagering through another account with the listed ADW(s)) the voluntary self-exclusion period.

_____ I understand that problem gambling support resources are available and are viewable on pages 1 and 3 of this form.

SIGNATURE

I am aware that my signature permits the company(s) listed herein to authorize my exclusion from wagering until the expiration of the self-selected voluntary exclusion period I have requested. I fully and completely understand all provisions of this agreement & request & sign it voluntarily, freely & knowingly.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE MAIL OR FAX THIS FORM TO:

Company information

Name: Keeneland Select
Address: Attn: Player Services
P.O. Box 8510
Lexington, KY 40533
Fax number: (859) 223-9141

For a list of other ADW's licensed in Oregon please visit our website: [Oregon ADW's
https://www.oregon.gov/racing/Pages/Advance-Deposit-Wagering.aspx](https://www.oregon.gov/racing/Pages/Advance-Deposit-Wagering.aspx)

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