

**SELF-EXCLUSION REQUEST**

**Site Name:** .....

**Site Address:** .....

**Site Location Ref.:** ..... **Date:**...../...../.....

**Customer Name:** .....

**Customer Date of Birth:** .....

**Customer Address:** .....  
.....  
.....

**I request that I be refused entry to: .....and other premises operated by this Company in the locality of ..... for a period of six months from the date of signing, and that I am not allowed to rescind my self-exclusion during this period.**

If I attend any of the premises set out in this agreement during the term of this exclusion, and am identified by staff, I will be requested to leave the premises forthwith. If I refuse and/or become a trespasser, I acknowledge and accept that I may be physically removed from the premises.

I acknowledge my responsibility in ensuring my adherence to this agreement.

I release the Company, it's employees and agents from any liability or claims in the event that I fail to comply with this voluntary exclusion.

I have / have not\* provided a photograph of myself to assist in the application of this request.  
*\*(Delete as appropriate)*

Signed..... (Customer)      Date.....

Witnessed.....(Manager)      Date.....

Note for Customer: If you would like to talk over the reason why you have taken the step of self-excluding yourself, telephone the GamCare National Helpline **0808 8020 133** for confidential help and advice.

***THIS FORM MUST BE HELD ON SITE FOR THE DURATIOIN OF THE SELF-EXCLUSION PERIOD AND A COPY GIVEN TO THE CUSTOMER. THIS FORM SHOULD ONLY BE ACCEPTED WHEN SIGNED IN THE PRESENCE OF MANAGEMENT.***