



VOLUNTARY SELF EXCLUSION FORM

I _____ request OaklawnAnywhere.com to close my account and to block my access to their services for the excluded term below.

_____ One Year _____ Three Years _____ Five Years _____ Lifetime

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 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 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.

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: _____

ACCOUNT NUMBER: _____

USERNAME: _____

DATE: _____

PLEASE MAIL OR FAX THIS FORM TO:

ATTN:

Oaklawn Anywhere Player Services
P.O. Box 8510
Lexington, KY 40533

Phone: 1-844-625-2387
fax: 859-223-9141
email: player.services@oaklawnanywhere.com

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 by visiting www.ncpgambling.org. Reaching out is free, confidential, and resources are available in multiple languages.