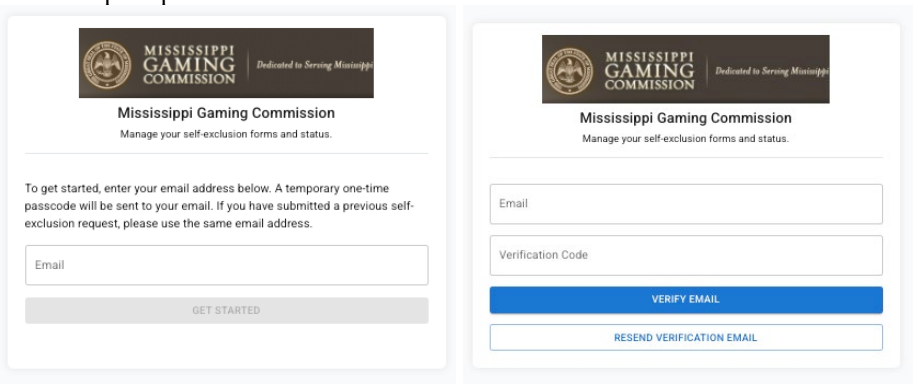
Mississippi Gaming Commission
Self Exclusion User Guide

This guide provides an overview of the Mississippi Gaming Commission Self Exclusion Form application, covering usage and features for Users.

ACCOUNT CREATION

You may begin the process of submitting a self-exclusion request by creating an account. You can create an account at https://selfexclusionforms.msgamingcommission.com/.

Provide your email, and you will be sent an email from selfexclusionforms@selfexclusionforms.msgamingcommission.com with a temporary one-time passcode (OTP) for validation. Note that a password is not required; every time you access the web application, you will be prompted for an OTP as a secure means of authentication.

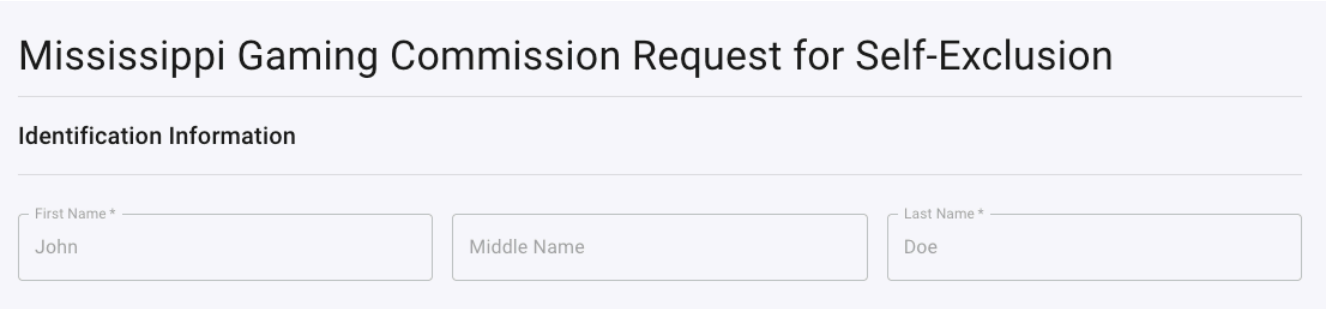


Note that subsequent visits to the web application should use the same email address. You will not be able to change this email address in the future.

Mississippi Gaming Commission
Self Exclusion User Guide

SUBMITTING A SELF-EXCLUSION REQEST FORM

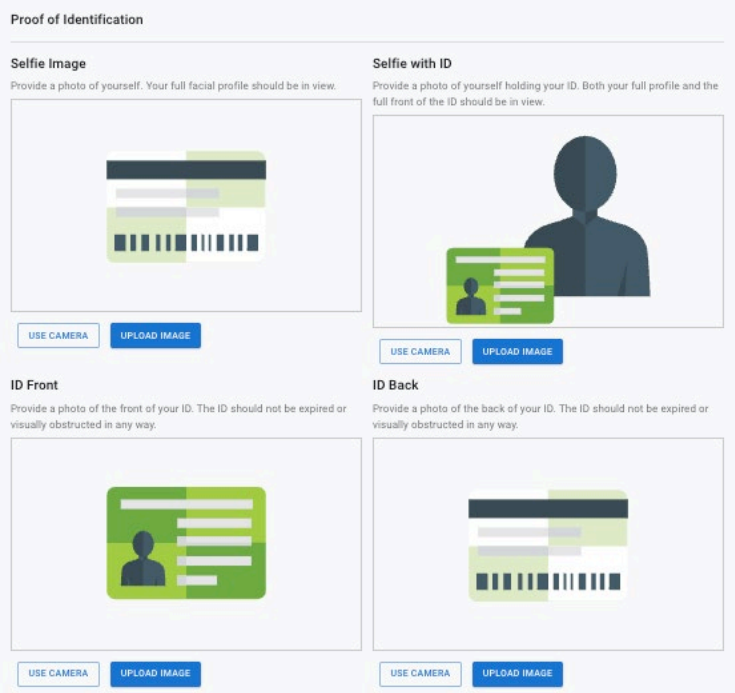
When you log in, you will arrive at the registration page, where you can fill out a self-exclusion form. Note that the asterisk (*) on various fields indicates that fields are required.



Not all fields are required; notably, you are not required to submit a Social Security Number per Section 5 of the Privacy Act, 7 U.S.C. 522a. However, you must provide an identification number of some form, for example, from a Driver's License, Passport, etc.

You must upload photos per the specifications provided. The diagrams in the web application indicate clearly what is expected. The following photos are required:

- A profile photo of yourself.
- A profile photo holding your identification in view.
- A photo of the front of your identification.
- A photo of the back of your identification.

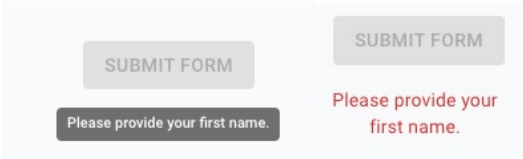


Mississippi Gaming Commission
Self Exclusion User Guide

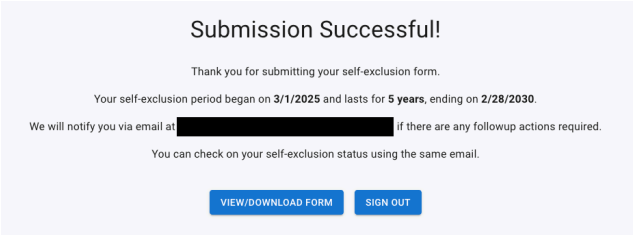
You must select a self exclusion period of between 3 and 10 years; if you wish to select a lifetime exclusion period, you must already have a minimum 3 year self-exclusion period on file with the Mississippi Gaming Commission.

You must digitally sign your signature.

If any fields are incomplete, invalid, or missing, errors will be displayed by hovering your mouse over the **Submit Form** button, or displayed underneath it if viewing on mobile.



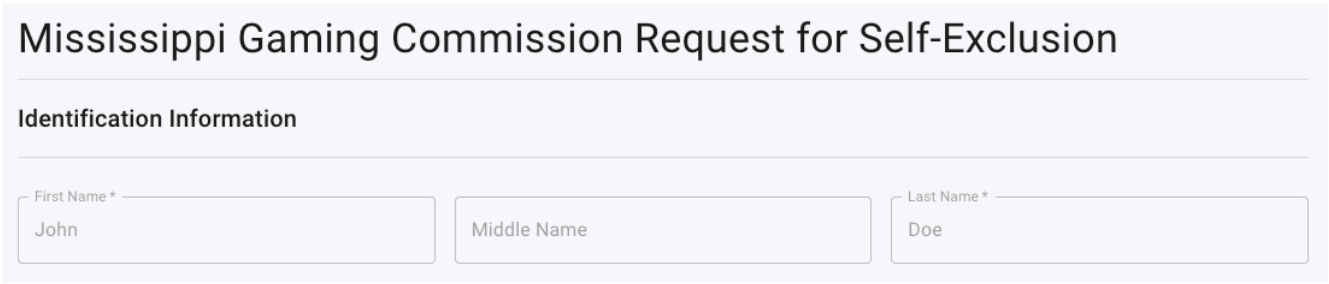
When you submit your form, you will receive an email confirmation of your submission, including an attachment of the rendered PDF self-exclusion form. An MGC Administrator will also be notified of your submission and will contact you if there are any concerns or questions or follow-up actions needed.



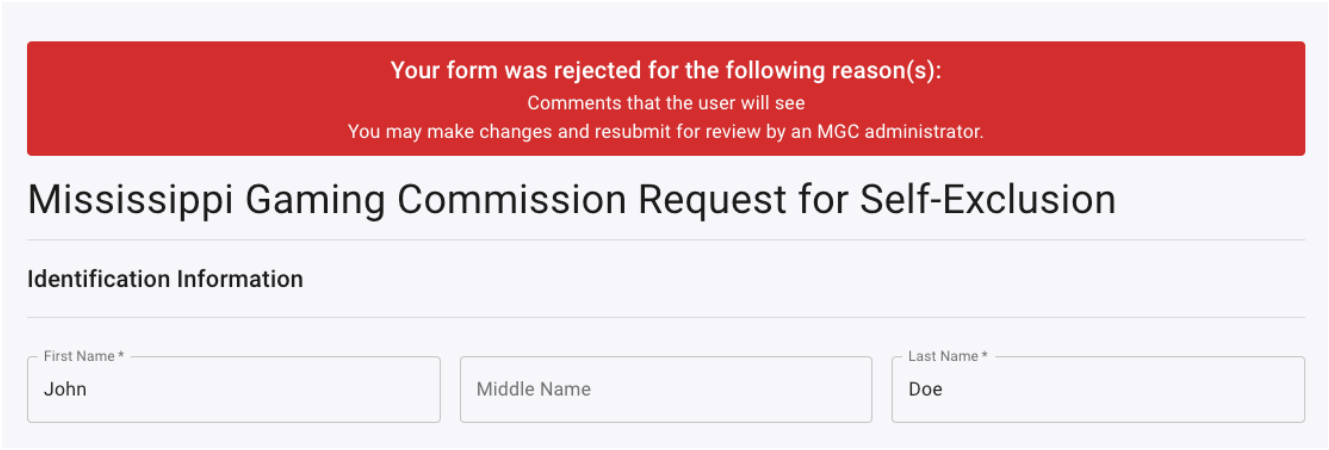
Mississippi Gaming Commission
Self Exclusion User Guide

REVISING A SELF-EXCLUSION REQUEST

Once submitted, a self-exclusion request cannot be revised. If you log back in or go to view the form directly, it will be marked read-only.



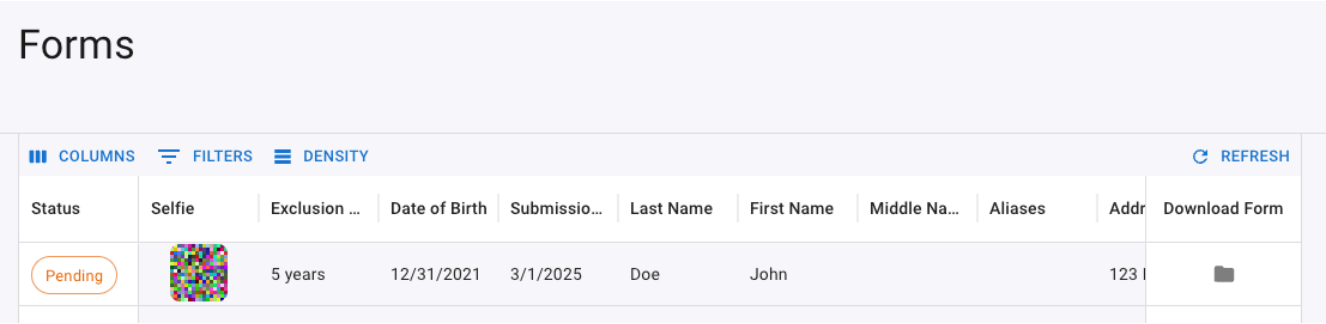
If an MGC Administrator rejects your form for any reason, you will be notified by email with details of their rejection comments. You can also sign back in and view your form and observe the red banner indicating what needs to be changed. If you make changes, the MGC Administrator will be re-notified to re-review your form and the form will again be marked as read-only.



Mississippi Gaming Commission
Self Exclusion User Guide

VIEWING CURRENT AND PREVIOUS FORMS

In the **Form History** tab, you can view a list of any current or previous forms you have submitted. The **Download Form** button will also download the PDF of the form.



Mississippi Gaming Commission
Self Exclusion User Guide

SAMPLE FORM

Mississippi Gaming Commission
Voluntary Self Exclusion Form

IDENTIFICATION INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME

ALIASES OR NICKNAMES USED

CURRENT ADDRESS (NUMBER AND STREET) | SUITE, APT, BLDG, ETC

CITY | STATE | ZIP CODE

TELEPHONE NUMBER | DATE OF BIRTH

SOCIAL SECURITY NUMBER* | DRIVER'S LICENSE NUMBER | EXPIRATION DATE

*In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for Self-Exclusion. If provided, your SSN will be disclosed to appropriate personnel of all Mississippi licensed casinos to help deny privileges and forfeit winnings.

HEIGHT | WEIGHT | GENDER | HAIR COLOR | EYE COLOR

LENGTH OF SELF-EXCLUSION PERIOD

I acknowledge that I am a problem gambler and voluntarily seek to exclude myself from casinos in Mississippi. I hereby request and authorize the Mississippi Gaming Commission to place my name on the list of self excluded persons for a period of:

3 YEARS | 5 YEARS | 10 YEARS | LIFETIME* | OTHER**

*You may only submit a lifetime self-exclusion period if you have already completed a self-exclusion period of at least three (3) years.
**You may request an alternate self-exclusion period between 3 and 10 years.

Are you currently employed at a casino? (Yes / No) | If Yes, provide the name of the casino and your job title*

*Self Excluding does not affect your employment status
*You must adhere to the terms of your employment

Mississippi Gaming Commission
Self Exclusion User Guide

Mississippi Gaming Commission
Voluntary Self Exclusion Form

WAIVER AND RELEASE

INITIALS Please initial to acknowledge the below waiver and release statements.

_____ I understand this self-exclusion request is irrevocable during the time period selected above and cannot be altered or rescinded for any reason, regardless of any change in personal circumstances. I will remain on the self exclusion list until the expiration of the term chosen and cannot remove myself from the list before then.

_____ I am submitting this application voluntarily of my own free will, free from outside influence, drugs or alcohol, and am doing so with sound understanding of the effects of my decision.

_____ I understand this exclusion is in effect for all Casinos licensed in Mississippi and services associated with those casinos such as restaurants, concerts and events on casino property. I acknowledge by placing my name on the self exclusion list, I am prohibited from not only gambling, but also from entering casino property.

_____ I understand the information I am submitting is being shared with the casinos in this state and by signing up for the self exclusion program, casinos in this state may choose to exclude me from their casinos in other states and throughout the world. They may deny me service, including non gaming areas and amenities in other states.

_____ I understand when I exclude myself in Mississippi I could possibly be excluding myself from casinos in other states without action on my part.

_____ I understand the casino will take reasonable steps to identify people on the self exclusion list and that if I am found on a casino property during the exclusion period, I will be removed, and at the discretion of the casino, may be arrested and charged with criminal trespassing pursuant to MS Code annotated § 97-17-97

_____ I understand I will be denied credit, check cashing privileges, player reward programs and complimentary items or reward points associated with those programs. Any accumulated rewards prior to this exclusion will be forfeited.

_____ I understand I may not collect any winnings or recover any losses during my exclusion period. Any jackpots won during my exclusion period will be forfeited.

_____ I agree to release and hold harmless the Mississippi Gaming Commission and all affiliated employees from any claims associated with the administration of the self exclusion program. The information I disclose will only be utilized to facilitate my request for self exclusion. The information is considered confidential and shall not be publicly disclosed by any casino.

_____ I understand the ultimate responsibly to refrain from gambling relies with me. Neither the MGC nor casinos are liable for any acts, omissions or losses incurred during the exclusion period.

ACKNOWLEDGEMENT AND SIGNATURE

I have reviewed and understand the terms and restrictions of the self exclusion program.

_____

SIGNATURE DATE

Mississippi Gaming Commission
Self Exclusion User Guide

Mississippi Gaming Commission
Voluntary Self Exclusion Form

IDENTIFYING PHOTOS

FACIAL PROFILE
Provide a photo of yourself. Your full facial profile should be in view.

FACIAL PROFILE WITH ID
Provide a photo of yourself, holding your ID. Both your full facial profile and the full front of the ID should be in view.

ID FRONT
Provide a photo of the front of your ID. The ID should not be expired and should not be visually obstructed in any way.

ID BACK
Provide a photo of the back of your ID. The ID should not be expired and should not be visually obstructed in any way.