



GUEST'S REQUEST TO SELF-EXCLUDE

“Sportsbook Deadwood LLC dba The Landmark Casino” is dedicated to raising public awareness and offering educational resources for guests who may be experiencing gambling issues. In accordance with South Dakota Gaming Commission Rule 20:18:12.01:24, we offer a self-exclusion program that enables guests to voluntarily exclude themselves from gambling activities and privileges, as part of our commitment to supporting their well-being.

I, the undersigned guest, hereby request to self-exclude myself from all gaming and related activities, services, and programs, including casino access and any form of wagering. I acknowledge that I will be prohibited from receiving casino player club privileges, check cashing services, casino credit, promotional materials, complimentary offers, and from participating in player recognition programs, such as the “Landmark Players Card.” This self-exclusion will take effect within five (5) days of The Landmark Casino’s receipt of my request. I understand that I will no longer be able to accumulate or redeem any points, rewards, or benefits from the player recognition programs I previously participated in, and that any existing points will be forfeited.

I understand that The Landmark Casino will make every effort to honor my request for self-exclusion as described above. However, I acknowledge and agree that The Landmark Casino does not assume any liability or responsibility for any failure to fully comply with this request. I further understand that The Landmark Casino will continue to honor my self-exclusion request until I choose to rescind it. I agree that any request to rescind must be submitted in writing, notarized, and in a form approved by The Landmark Casino (available at the Cashier's Cage). Additionally, I acknowledge that I will not be permitted to request reinstatement earlier than the time frame I signed up for. A permanent ban could be re-visited after 2 years of exclusion.

I have been informed that if I receive check cashing or credit privileges, direct mail, or promotional materials after the effective date of my self-exclusion, or if I have any questions regarding this policy, I should immediately contact the General Manager of The Landmark Casino at (605) 219-8899. I understand that for my self-exclusion to be fully effective, I must refrain from engaging in any gambling activities or attempting to access any revoked privileges or services outlined in this request.

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 The Landmark Casino properties and furthermore, that any money or thing of value obtained by me from, or owed to me, by The Landmark Casino as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture.

I understand that The Landmark Casino's Responsible Gaming Program does not imply any liability or responsibility on the part of The Landmark Casino for my gaming activities. Regardless of any gambling issues I may have or my participation in the Responsible Gaming Program, the decision to gamble at The Landmark Casino is entirely mine.



This request cannot be processed without proper verification of the information provided below. The Landmark Casino reserves the right to verify the accuracy of all details submitted.

PLEASE PRINT. Completed requests can be hand-delivered to the Cashiers Cage with valid identification credentials. Requests can be mailed to Sportsbook Deadwood LLC, 53 Sherman Street, Deadwood, SD 57732, in which case, **your signature must be notarized and accompanied with a copy of your state ID or driver's license.**

I, the undersigned guest, do hereby request The Landmark Casino to self-exclude myself for a period of (select one). ☐ 90 Days ☐ 2 Years ☐ Permanent

Full Name: _____ Aliases or Nickname: _____

Date of Birth: ____/____/____ Social Security #: ____-____-____ Phone: (____) ____-____

ID/Driver's License # and State: _____ State: _____ Player's Card #: _____

Mailing Address: _____ (City, State, Zip code)

Email address: _____

Signature: _____

TO BE FILLED OUT ONLY IF SUBMITTED BY MAIL:

Subscribed and Sworn before me:

On this ____ day of 20____

Notary Signature: _____

***If submitting request by mail, please include a recent photo for our records**

TYPE OF IDENTIFICATION OFFERED: _____ Attach photocopy of ID to this form.

I certify 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 photography of person appears to agree with his or her actual appearance.

Date: ____/____/____

Date: The Landmark Casino Licensed Gaming Employee Signature