



WILLIAM HILL RACE & SPORTS BOOK
REGULATION 5.170: SELF-EXCLUSION FORM

I, the undersigned, request that William Hill Race & Sports Book ("William Hill") acknowledges my election to exclude myself from engaging in gaming activities at any and all William Hill locations, including betting kiosks, as well as activity on my William Hill Rewards Club Account and/or mobile wagering application as follows:

- I do not wish to have access to my William Hill mobile wagering application
I do not wish to be allowed to place in-person bets at William Hill locations
I do not wish to have access to my William Hill pre-paid debit card
I do not wish to receive any mail, electronic or otherwise, regarding William Hill's gaming opportunities or promotions

After my request of any of the above-noted exclusions and receipt of acknowledgement of the Self-Exclusion Form, if William Hill should vary from the limits I have imposed, I understand that I must immediately and no later than ten (10) days, notify the William Hill Compliance Director of this occurrence. This includes the ability to place bets at William Hill locations, including kiosks, and the receipt of any direct marketing or promotional gaming opportunity material, via either electronic or regular mail, after submitting my request to be excluded from such.

I fully understand and voluntarily impose the above-noted exclusions. I understand my obligation to inform William Hill of any incidents that exceed or vary from my above self-imposed exclusions. I acknowledge that for my request of self-exclusion to be truly effective, I must exercise self-restraint and should not ask any William Hill employees to provide me with any of the services or privileges which are the subject of this request. As such, I understand that William Hill shall endeavor to honor my request to self-exclude as described above. However, I understand and agree that William Hill does not assume any liability or responsibility for any failure to comply with this request.

I understand that my self-exclusion will be effective for a minimum of twelve (12) months from the date of acknowledgement of enrollment. After twelve (12) months from the date of acknowledgement of enrollment in the program, I may request reinstatement of my privileges, in writing, by completing a Reinstatement Form. Consideration of my request for reinstatement of privileges will occur no sooner than thirty (30) days from receipt of the properly completed and executed Reinstatement Form.

I acknowledge that William Hill's Responsible Gaming Program shall not in any way be construed as an agreement by William Hill to assume liability or responsibility for any patron's gaming activities. I understand that a patron's decision to gamble in person at any and all William Hill locations, including betting kiosks, as well as activity on the patron's William Hill Rewards Club Account and/or mobile wagering application remains solely that of the patron, notwithstanding any gambling problem of the patron or his enrollment in the Responsible Gaming Program.

By signing this form, I certify that the information provided is true and accurate. I am aware that my signature below authorizes William Hill to prohibit my gaming activities and related player services and privileges, in accordance with this request. I am aware and agree that after I elect self-exclusion, I shall not be eligible to collect any winnings or recover any losses resulting from any gaming activity, in any form, with William Hill.

*A valid, government-issued form of photo identification must be presented for in-person submissions.

Print Name Signature Date
Social Security Number William Hill Rewards Club Account Number

If mailed, this form must be notarized and sent to: William Hill US, 6325 S. Rainbow Blvd., Suite 100, Las Vegas, Nevada 89118, ATTN: Director of Regulatory Compliance.

State of
County of

I certify that on the day of, 20, personally came before me and acknowledged under oath that he or she executed this document personally and voluntarily.

Name of Notary Public
Signature of Notary Public (seal)

FOR OFFICE USE ONLY
Forward completed form to: Compliance Director, Legal/Compliance Dept., Corporate Office

Received By: Date Received: Date Sent to Compliance:
Mobile Account # (if applicable): Compliance Signature: