CAESARS SPORTSBOOK

CAESARS SPORTSBOOK SELF-EXCLUSION FORM

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

☐ I do not wish to have access to my CSB mobile wagering application

☐ I do not wish to be allowed to place in-person bets at CSB locations

☐ I do not wish to have access to my CSB pre-paid debit card

☐ I do not wish to receive any mail, electronic or otherwise, regarding CSB's gaming opportunitiesor promotions

After my request of any of the above-noted exclusions and receipt of acknowledgement of the Self-Exclusion Form, if CSB should vary from the limits I have imposed, I understand that I must immediately notify the CSB Responsible Gaming Department of this occurrence. This includes the ability to place bets via mobile app, at CSB 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 CSB 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 CSB employees to provide me with any of the services or privileges which are the subject of this request. As such, I understand that CSB shall endeavor to honor my request to self-exclude as described above. However, I understand and agree that CSB 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 (**check one**) ☐ 1 Year, ☐ 5 Years, ☐ Permanent/Lifetime or (ii) as required by applicable law from the date of acknowledgment of enrollment. My self-exclusion terms will be based on my self-elected timing based on what is offered in the prevailing state. After the final date of my 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 CSB's Responsible Gaming Program shall not in any way be construed as an agreement by CSB 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 CSB locations, including betting kiosks, as well as activity on the patron's Caesars Rewards Club Account and/or mobile wagering application remains solely that of the patron, notwithstanding any gambling problem of the patron or their enrollment in the ResponsibleGaming Program.

By signing this form, I certify that the information provided is true and accurate. I am aware that my signature below authorizes CSB to prohibit my gaming activities and related player services and privileges, in accordance with this request, subject to applicable law. 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, inany form, with CSB.

*A valid, government-issued form of photo identification must be presented with this form.

Print First Name

Print Last Name

Home Address

City

State

Zip Code

Signature

Date

Social Security Number

Caesars Rewards Club Account Number

Mobile Account Number and State

If mailed, sent to:
Caesars Sportsbook,
6325 S. Rainbow Blvd., Suite100,
Las Vegas, Nevada 89118,
ATTN: Responsible Gaming/Regulatory compliance

Email: responsiblegaming@williamhill.us

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

Received By: _____ Date Received: _____ Date Sent to Compliance: _____

Compliance Signature: _____