Four Winds Online Casino & Sportsbook

Voluntary Self-Exclusion Request

By completing this form, you are requesting to be excluded from participation in all Four Winds Online Casino and Online Sports Betting activities.

Important: Your self-exclusion request is not effective until it has been reviewed, verified, and confirmed by Four Winds Casino.

Player Information

First Name: _____

Last Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Phone Number: _____

Email Address (registered to account): _____

Street Address: _____

City: _____

State: _____ **ZIP:** _____

Self-Exclusion Term

☐ 1-Year Self-Exclusion

☐ 5-Year Self-Exclusion

☐ Lifetime Self-Exclusion (Permanent and Irrevocable)

Acknowledgement and Authorization

By signing below, I acknowledge and agree that:

☐ I voluntarily request self-exclusion from Four Winds Online Casino and Sports Betting activities.

☐ I certify that the information provided is true and accurate.

☐ I understand that I will be unable to access my account or create a new account during my exclusion period.

☐ I understand that any available account balance will be withdrawn to a valid payment method on file or issued by check to my registered address.

☐ I understand that open wagers will be settled based on the outcome of the event.

☐ I understand that unreleased bonus funds, bonus balances, and related winnings will be forfeited.

☐ I understand that I will forfeit participation in any current or future Four Winds Online promotions for the duration of my exclusion.

☐ I release Four Winds Casino, its employees, agents, and representatives from liability arising from the administration or enforcement of this self-exclusion request.

☐ For 1-year and 5-year exclusions, I understand that my account will not automatically be reinstated at the end of the exclusion period and that reinstatement requires a written request and approval by Four Winds Casino.

☐ I understand that a Lifetime Self-Exclusion is permanent and cannot be reversed.

☐ I understand that this request applies only to Four Winds Online Casino and Online Sports Betting and does not exclude me from retail casino properties.

☐ I understand that my information may be used and shared as necessary to administer and enforce my self-exclusion request and to comply with regulatory requirements.

Signature: _____

Printed Name: _____

Date: _____

Submission Instructions

After completing and signing this form:

Step 1 – Take a Selfie with ID

Take a clear selfie while holding a valid government-issued photo ID.

Screenshots or images of IDs alone will not be accepted.

Step 2 – Send Email

Send the completed form and selfie from the **email address registered to your Four Winds Online account** to:

iGamingSelfExclusion@fourwindscasino.com

Step 3 – Include Required Statement

In the body of your email, clearly state:

"I am requesting an *(insert time frame)* self-exclusion from Four Winds Online Casino."

Step 4 – Wait for Confirmation

Your request is **not complete and not yet in effect** until you receive an individualized confirmation email from a member of the Four Winds Security Team.

Automated ticket acknowledgements do not constitute approval or confirmation of your self-exclusion request.

If you do not receive a confirmation email, your request may still be under review and is not yet effective.

Submit completed form and selfie to:
iGamingSelfExclusion@fourwindscasino.com