



# REINSTATEMENT REQUEST FORM

Mail to: Yaamava' Resort & Casino  
Casino Compliance Department  
P.O. Box 366  
Patton, CA 92369-0366

TYPE OR PRINT (IN INK) THE FOLLOWING INFORMATION:

Full Name (Print):  Date of Birth:

Contact Phone #:  Date Exclusion Began:  (Estimate if needed)

Gender:  Club Serrano #:

Mailing Address:

1. Effective,  Today's Date I,  Print Full Name hereby request reinstatement of my gaming privileges at Yaamava' Resort & Casino ("YRC"). In support of my reinstatement request, I affirm the following:

- I have attended an "intake session" with a counselor or therapist qualified to treat gambling addiction, and been educated about gambling addiction and the potential risks and harms associated with it.
- I am voluntarily seeking to remove myself from the list of excluded persons.

2. In consideration of my reinstatement request, I would like the following factors to be known and taken into consideration:

- I have received financial management counseling.
- I have received counseling, therapy or other treatment for alcohol addiction or substance abuse.
- I have recently gambled at, and/or been removed from the exclusion list for, other casinos.
- I am currently on, and have not requested to be removed from, the exclusion list at one or more casinos.
- My financial condition has improved since the original date of the exclusion request.

Other: \_\_\_\_\_

3. I understand that the Yaamava' Resort & Casino has no obligation to readmit me for the purpose of gambling, and that the reinstatement of my gambling privileges is at the sole discretion of the San Manuel Tribal Gaming Commission.

- Initials I acknowledge and understand that declining to provide any of the information above may adversely affect my request.
- Initials I understand that submission of this request is **not** a guarantee that it will be approved.
- Initials I hold harmless and agree to indemnify the San Manuel Band of Mission Indians, the Yaamava' Resort & Casino, and any of its partners, subsidiaries or instrumentalities for any liability related to this request. Specifically, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release and forever discharge the above listed parties and their members, employees, officers and Directors from any and all claims in law or equity that I now have, or may have in the future, against all of any of the released parties arising out of, or by reason of, the actions, including gambling losses, that may occur upon my return to the Yaamava' Resort & Casino.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REINSTATEMENT REQUEST IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*A decision will usually be issued in about (4-6) weeks. You will be notified by mail once it has been rendered.*