

SELF-EXCLUSION FORM

Applicant Name: _____

Contact Number: _____

AFFIX YOUR
PHOTOGRAPH
HERE

I apply to be excluded from: (please select option(s) below)

- ☐ Horse/Dog Racing Bets ☐ Sports Bets ☐ Lotto Bets
- ☐ Bingo/Roulette Bets ☐ FOBTs (Casino Experience Terminals)

at McBride Betting Letterkenny bookmakers office for a 1 Month exclusion period

1. I agree not to attempt to place bets on or use selected service(s)
2. I understand that I may be prevented from using the selected service(s)
3. I understand that my personal details and the details of the exclusion will be placed on file
4. I understand that an up-to-date photographic must be attached to this form
5. I understand that my exclusion is voluntary and does not place any obligation, duty or responsibility on any other person or body other than me and I further understand that this Form is not a contract and it in no way binds the Bookmaker.

I agree to release, and covenant not to sue McBride Racing Limited or its servants, agents or contractors ("the released persons") from all actions, suits, claims, demands whatsoever, which but for this Form, I could now or hereafter assert, bring or make, or by anyone on my behalf, arising from any damage or injury or otherwise caused directly or indirectly as a result of any act, default, or omission of the released persons in relation to the matters contained in this Form.

I acknowledge that I had the right to seek independent legal or other professional advice before signing and McBride Racing Limited does not need to inquire as to whether or not I have taken up this right.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____