



This is Schedule "L" to the Regulations concerning Poker Rooms

### REQUEST TO REVOKE

I, \_\_\_\_\_, understand and read the English language or have had an interpreter read and explain this form to me. **Je comprends que je peux obtenir une version française de ce formulaire, à la demande.**

By signing this form, I am voluntarily requesting that, effective immediately, the Comprehensive Self-Exclusion Request that I executed on \_\_\_\_\_ and the resulting Player Self-Exclusion Directive issued by the Kahnawake Gaming Commission (the "Commission") on \_\_\_\_\_, be revoked and that I be permitted to engage in gaming activities at any Land Based Gaming Facility that is licensed and regulated by the Commission.

**If you have submitted a Request to Revoke on any previous occasion, you must provide the Commission an explanation as to why you have made more than one such Request. The Commission will not consider your Request to Revoke until it has received an explanation that it is satisfactory to the Commission.**

**I understand and agree that if the Commission grants this Request to Revoke, I am solely and completely responsible for any and all losses, damages and costs of any kind that I may incur as a result of my engaging in gaming activities in any Land Based Gaming Facility that is licensed and regulated by the Commission and I hereby release the Commission, its Commissioners, employees, agents and advisors from any liability for said losses, damages and costs of any kind.**

I understand and agree that this Request to Revoke does not have effect and I will not be permitted to engage in gaming activities in any Land Based Gaming Facility that is licensed and regulated by the Commission, unless and until this Request to Revoke is granted by the Commission.

I understand and agree that if the Commission refuses to grant this Request to Revoke, I may not submit another Request to Revoke for a period of not less than six (6) months from the date of the Commission's refusal.

**SIGNED** at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Requestor's signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print name of Requestor

\_\_\_\_\_  
Print name of Witness