

New York Gaming Facility Location Board
Response to Request for Applications to Develop and Operate a
Gaming Facility in New York State

TIOGA DOWNS LLC

Exhibit X.A.4.

As a current VLT and pari-mutuel license holder, Tioga Downs has an established Self Exclusion policy and procedure. We are also working with NYCPG and the other existing VLT facilities to ensure a shared database for those individuals that have elected to exclude themselves from our facility. Further, we look forward to working with the New York Gaming Commission to develop a regulatory framework to facilitate and broaden this statewide focus.

Current Self Exclusion and Involuntary Self-Exclusion policies and procedures are as follows:

Voluntary Self-Exclusion Policy

Tioga Downs & Vernon Downs

Department – All

Voluntary Exclusion Policy

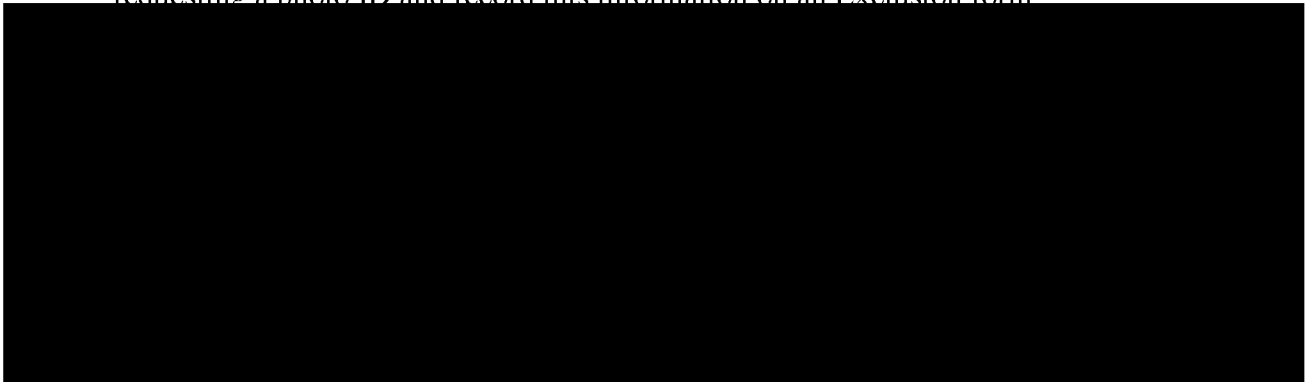
Effective Date:
Submission Date:
Revision # _____

Category: 1
Reference: ARE-A-POL-003
Revision Date: / /

Purpose: To ensure that necessary steps are taken to ensure proper communication of a voluntary exclusion.

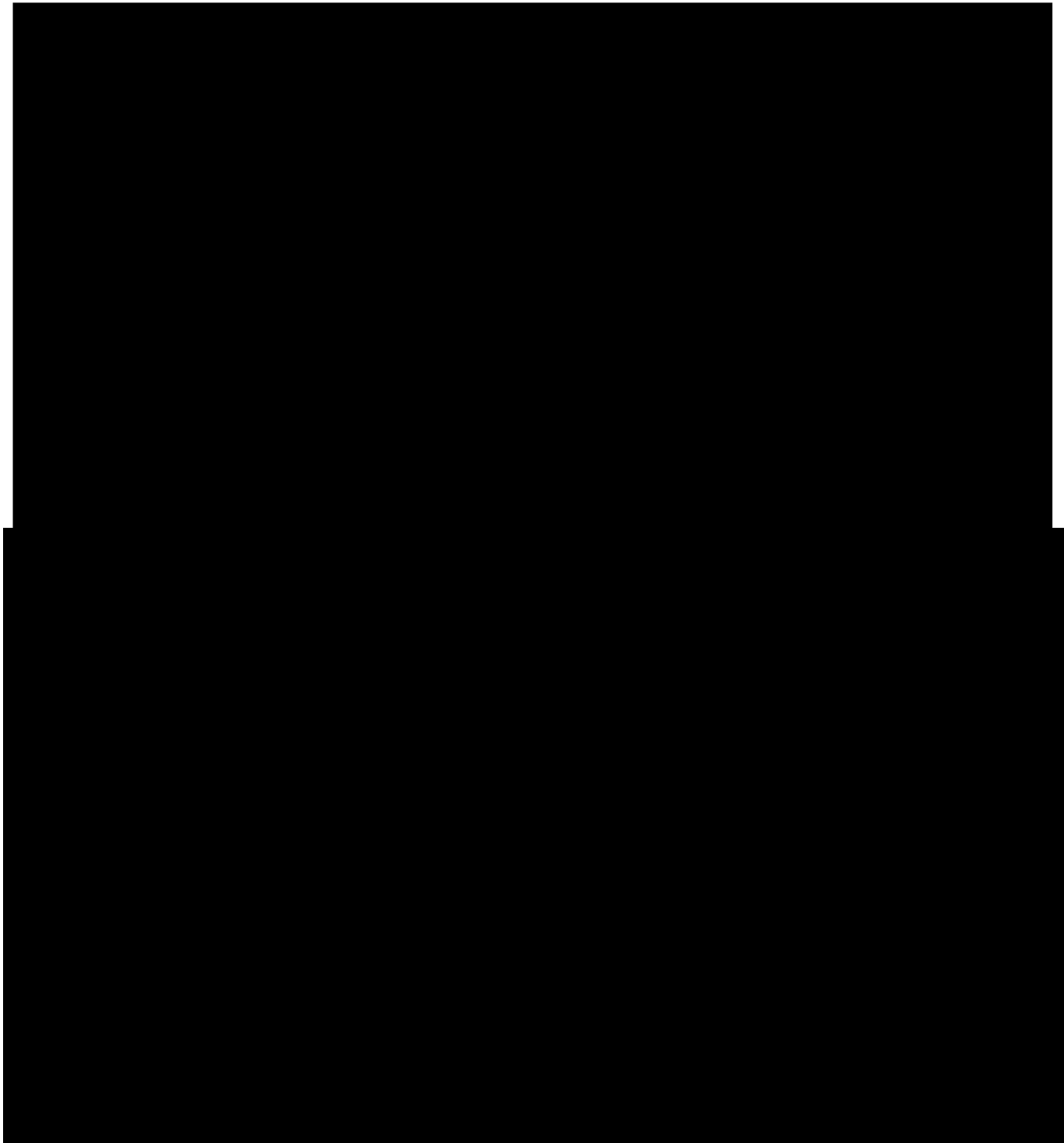
Procedure: When a guest requests to be excluded from the property for a specific period of time, the following steps will be taken.

1. If a Voluntary Exclusion request is received via website, the guest will be required to submit a photo id, guest signature, and notarized signature on the Exclusion form and accompanying waiver.
2. If the request is made in person, the security officer will identify the individual by requesting a photo ID and record this information on an Exclusion form



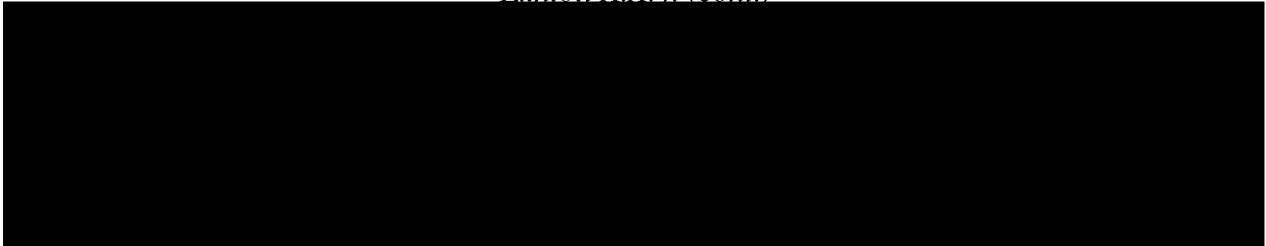
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Exhibit X.A.4. (cont.)



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Exhibit X.A.4. (cont.)



This policy supersedes all prior policies relating to this subject. To the extent that an employee's collective bargaining agreement or written employment contract contains provisions in conflict with provisions of the Policy, such contract will control for the provisions in conflict, but this Policy will otherwise be applicable to the employee. The company reserves the right to amend any portion of this policy at its sole discretion. This Policy is intended to comply with all applicable state and federal statutes and regulations and shall be construed in all cases consistent with such statutory requirements. It does not form a contract of employment or commitment of any kind, nor alter the Company's at-will employment policy.

Tioga AGM/Sr. VP Operations _____ Date _____

Vernon VP/General Manager _____ Date _____

President/General Manager _____ Date _____

In-Voluntary Self-Exclusion Policy

Tioga Downs & Vernon Downs

Department – All

Involuntary/Summary Exclusion Policy

Effective Date:

Submission Date: 3/28/13

Revision # _____

Category: 1

Reference: ARE-ALL-POL-2

Revision Date: / /

Purpose: To ensure that necessary steps are taken to ensure proper communication of exclusions.

Involuntary/Summary Exclusion: An individual that has been excluded from the property for a designated period of time due to behavior/actions that adversely affected facility operations.

Procedure: When a guest's behavior or actions warrant an Involuntary/Summary exclusion from the property, the following steps will be taken.

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Exhibit X.A.4.(cont.)



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Exhibit X.A.4. (cont.)

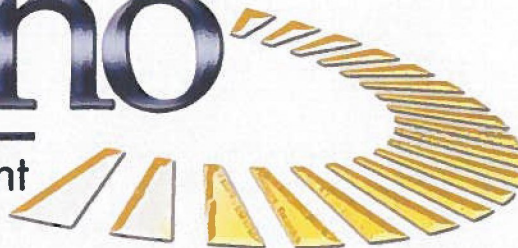


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Exhibit X.A.4. (cont.)

TIOGA DOWNS
Casino

Racing & Entertainment



This form is to be completed by a patron requesting to be excluded from gaming activities at Tioga Downs Casino pursuant to NYS 2836-19.6 All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED.

1. NAME: _____
LAST (INCLUDE Sr., Jr., etc. If applicable) FIRST MIDDLE

2. DO YOU USE ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):

3. HOME ADDRESS: _____
NUMBER AND STREET APT#

CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER*: _____
*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY

6. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

7. HEIGHT: _____
FT.- IN.

8. WEIGHT: _____
LBS.

9. GENDER (m) MALE
(f) FEMALE

10. HAIR COLOR:
(BK) BLACK
(BR) BROWN
(BD) BLOND
(RD) RED
(GY) GRAY
(WH) WHITE
(OT) OTHER _____

11. EYE COLOR:
(BK) BLACK
(BR) BROWN
(HZ) HAZEL
(BL) BLUE
(GY) GRAY
(GR) GREEN
(OT) OTHER _____

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

13. SELF-EXCLUSION PERIOD (CHOOSE ONE) ONE (1) YEAR THREE (3) YEARS FIVE (5) YEARS

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Exhibit X.A.4. (cont.)

WAIVER AND RELEASE

I hereby release and forever discharge the State of New York, New York State Lottery, Tioga Downs Casino and its employees, agents, and all gaming licensees and their employees and agents from any liability to me and my heirs, administration, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason on any act or omission relating to this request for self-exclusion or my request for removal from the self-exclusion list including (1) its processing or enforcement, (2) the failure of a gaming licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming and raceway or simulcast facility while on the list of self-excluded persons, (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at Tioga Downs Casino. I certify that the information that I have provided above is true and accurate, and that I have read, understand, and agree to the waiver and release included with the request for self-exclusion. I am aware that my signature below authorizes Tioga Downs Casino to enforce my exclusion indefinitely. At the conclusion of the self-exclusionary period I have selected, I may apply for reinstatement of my gaming privileges by submitting a written request to Tioga Downs Casino. I understand that I may not apply for reinstatement until this period expires, and I understand that I will be excluded indefinitely until such time as I apply for reinstatement. I understand that if I am found within the video lottery gaming facility after having been voluntarily excluded, I will be subject to arrest for criminal trespass if I refuse to be escorted from the facility. Further, I authorize the video lottery gaming agent to send a copy of my request to each video lottery gaming facility located within New York State. I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at Tioga Downs Casino and that any money or thing of value obtained by me from, or owed to me by Tioga Downs Casino as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. Furthermore, I agree that any money or thing of value obtained by me from, or owed to me, by Tioga Downs Casino as a result of wagers made by me while on the self-exclusion list shall be subject to for feature. I am aware that during my period on the self-exclusion list I will be denied access to any player club promotions, offers or memberships relating to gaming activities at Tioga Downs Casino.

SIGNED _____
DATE _____

Only if Mailed:
NOTARY PUBLIC SIGNATURE: _____ DATE _____

I hereby certify that the above signed individual appeared before me on the date indicated.

TYPE OF I.D.
OFFERED _____

I certified that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

Facility Representative VLT Lic# _____ DATE _____

Lottery globe and disclaimer



Website:

www.pgcb.state.pa.us

E-mail:

problemgambling@state.pa.us

Address:

Pennsylvania Gaming Control Board
P.O. Box 69060
Harrisburg, PA 17106-9060

Attn: Office of Compulsive and Problem Gambling

Cut & mail.

PLACE
POSTAGE
HERE

PGCB
Office of Compulsive and Problem Gambling
P.O. Box 69060
Harrisburg, PA 17106-9060

PGCB
Office of Compulsive and Problem Gambling
P.O. Box 69060
Harrisburg, PA 17106-9060

Cut & mail.

Gamblers Anonymous 20 Questions

1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself or your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction or suicide as a result of your gambling?

If you answer "yes" to at least seven of these questions, you may be a compulsive gambler.

**Call the Council on Compulsive Gambling
of Pennsylvania Helpline at
1-800-GAMBLER or 1-800-848-1880**

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Exhibit X.A.4. (cont.)



Office of Compulsive and Problem Gambling

Self-Exclusion PROGRAM



What is self-exclusion?

Self-exclusion is a process that allows a person to request to be excluded from all legalized gaming activities and to be prohibited from collecting any winnings, recovering any losses or accepting complimentary gifts or services or any other thing of value at any licensed facility. Self-exclusion only applies to the gaming floor of the licensed gaming facilities in the Commonwealth of Pennsylvania.

How do I get placed on the Self-Exclusion List?

A person may have his or her name placed on the Self-Exclusion List by submitting, in person, a completed request for self-exclusion to the Pennsylvania Gaming Control Board. The request form can be found on the PGCB website. The submission may be made by scheduling an appointment at the PGCB Harrisburg Office, one of the PGCB's regional offices or a PGCB office in a licensed facility. To make an appointment call the Office of Compulsive and Problem Gambling at 717-346-8300.

The request for self-exclusion requires the following identifying information:

1. Name, including any aliases or nicknames.
2. Date of birth.
3. Address of current residence.
4. Telephone number.
5. Social Security number, when voluntarily provided in accordance with section 7 of the Privacy Act of 1974 (5 U.S.C. § 552a).
6. Physical description, including height, weight, gender, hair color, eye color and any other physical characteristic that may assist in identification.
7. Government-issued photo identification such as driver's license or passport.

Can I place a family member with a gambling problem on the Self-Exclusion List?

No. A person cannot place another person on the Self-Exclusion List. Placement on the list is entirely voluntary and must be done by the individual seeking exclusion.

May I mail the self-exclusion request to the PGCB office?

No. The person submitting the request for self-exclusion must apply in person to the PGCB office or other approved

locations to be photographed, and will be required to present a valid government-issued photo identification containing the person's signature and photograph.

How long will I be on the Self-Exclusion List?

The person submitting the request for self-exclusion may request to be excluded from gaming activities for a minimum length of one of the following:
One year (12 months); Five years; or Lifetime.
Self-exclusions do not expire.

Can my name be removed from the Self-Exclusion List?

Self-exclusions for 1 or 5 years remain in effect until the self-excluded person requests removal from the PGCB's Self-Exclusion List. A person may, upon the conclusion of the minimum period of self-exclusion, request to be removed from the Self-Exclusion List by calling 717-346-8300. Individuals who choose the lifetime ban are unable to request removal from the Self-Exclusion List.

For more information on the Self-Exclusion List removal process call the Office of Compulsive & Problem Gambling at 717-346-8300.

What will happen after I sign up for self-exclusion?

Licensed facilities must refuse wagers from and deny gaming privileges to any self-excluded person; deny check-cashing privileges, player club memberships, complimentary goods and services, junket participation and other similar privileges and benefits to any self-excluded person; ensure that self-excluded persons do not receive junket solicitations, targeted mailings, telemarketing promotions, player club materials or other promotional materials relating to gaming activities at its licensed facility; and may exclude self-excluded persons from their properties in other jurisdictions.

After a person is placed on the Self-Exclusion List, a licensed facility must refuse to accept the person's wagers. The person will be subject to arrest for trespass. A self-excluded person who has gambled while on the Self-Exclusion List may not collect in any manner or in any proceeding any winnings or recover any losses arising as a result of any gaming activity for the entire period of time that the person is on the Self-Exclusion List. Any winnings issued to, found on or about or redeemed by a self-excluded person shall be remitted to the PGCB to support compulsive and problem gambling programs of the PGCB.

For more information on the PGCB Self-Exclusion Program and to print out a copy of the Self-Exclusion Request Form, visit the PGCB website.
www.pgcb.state.pa.us

OR

To receive the Self-Exclusion Request Form by mail, fill out the postcard below and mail it to the PGCB main office.

Cut & mail.

Please send me more information on the PGCB Self-Exclusion Program

Name _____

Address _____

City _____ State _____ Zip _____

Cut & mail.