

Please complete the following:

Name:
Players Club Number:
Social Security Number:
Date of Birth:
Mailing Address:
City/ State/Zip:
Telephone:
Email Address:
Please provide me a statement of my gaming activity for the year:
Win/Loss: W2G: 1099:

By my signature below, I do hereby certify that the statements contained herein are true and correct and I here-by authorize Robinson Rancheria Resort and Casino, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from my Player's Club Card Account. I understand that this statement will only represent "carded" play and therefore not a full accounting of all my wins or losses at Robinson Rancheria Resort and Casino.

I agree to indemnify and hold harmless Robinson Rancheria Resort and Casino and Robinson Rancheria of Pomo Indians of California, and its respective past and present agents, employees, managers, representatives, officers directors, successors and affiliated persons, organization and companies, from any and all suits, causes of actions, liabilities, costs, losses, damages, attorneys fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request or as a result of this request.

I understand that nothing contained herein shall be construed as a waiver of the Sovereign Immunity of the Robinson Rancheria of Pomo Indians of California.

## Players Club Card Holder's Signature is Required Below

I, \_\_\_\_\_\_ certify that I am the holder of the above referenced account and request that Robinson Rancheria Resort and Casino send a Win/Loss statement to the above referenced address.

Signature

Date

Please present this request to the Players Club at Robinson Rancheria Resort and Casino. If this request is not presented in person please mail the original request to:

Robinson Rancheria Resort and Casino P.O. Box 4017 Nice, CA 95464