



Love Your Hospital Lottery

Self Exclusion Form

Form	
Title	
First Name	
Surname	
Address	
Town/City	
County	
Postcode	
Home Telephone	
Lottery Number	
Email Address	

I request that I be excluded from the Lottery run by Love Your Hospital for a period of months (enter the required period, minimum of six months; Self-Exclusion may be for up to five years or more) that is up to and including the...../...../..... and that I am not allowed to modify, revoke, withdraw or rescind my Self-Exclusion prior to the expiry of this agreement.

At the end of this agreement I can then review this request with the Individual Giving Officer and either renew it for a further six months or decide that further Self-Exclusion is unnecessary. If I decide not to renew the agreement I understand that I will be required to agree to 24 hours 'cooling off' period before I can resume lottery with Love Your Hospital.

I release Love Your Hospital and employees from any liability or claims in the event that I fail to comply with this voluntary self-exclusion.

Signed Player:..... Date.....

Confirmed by Individual Giving Officer: Date.....

Note for player: if you would like to talk over the reason why you have taken the step of self exclusion, you can call the national gambling helpline free of charge on 0808 8020 133 (open 8am – midnight, 7 days a week) or visit their website www.begambleaware.org for confidential advice. This self-exclusion form held by Love Your Hospital will be destroyed, at your request, if not renewing or, after expiry of the exclusion period. Note for Individual Giving Officer: A copy of this document will be given to the player and copy retained by Love Your Hospital.