



INFORMATION RELEASE CONSENT
PLEASE PRINT CLEARLY

NAME: _____

ACCOUNT NUMBER(S): _____

DATE OF BIRTH: _____ **PHONE NUMBER:** _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

Is this a change of address?(Please Circle) YES NO

I would like to request a win/loss statement for my gaming activity for the year: (Please Circle)
2005 2006 2007 2008 2009 2010

SIGNATURE _____ **DATE:** _____

I do hereby certify that the statements contained herein are true and correct to the best of my knowledge. I hereby authorize PlayLV LLC., its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced Account(s). I agree to indemnify and hold harmless PlayLV LLC., and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's 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 as a result of this request.

SUBSCRIBED AND SWORN TO before me

The ___ day of _____, 20 ____.

NOTARY PUBLIC

Please present this request and a valid Government issued photo ID acceptable to PlayLV LLC., in its sole and absolute discretion to the Player's Club at any PlayLV property. If this request is not presented in person, request must be notarized. Please mail original request to:

Player's Club Department
Win/Loss Statement Request
PO Box 760
Las Vegas, Nevada 89125

DO NOT WRITE IN THIS BOX-FOR PLAYLV USE ONLY

	Verified On:	Verifier's Signature and Barcode
Valid Government Issued Photo Identification Type		
Valid Government Issued Photo Identification Number/Expiration date		
All Items Verified in Player Tracking		