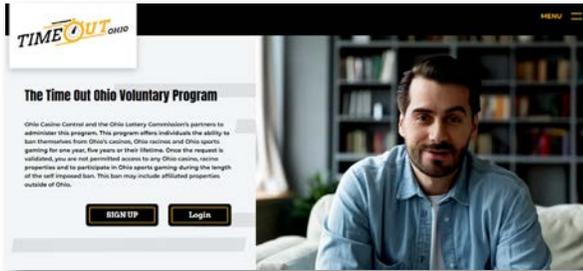




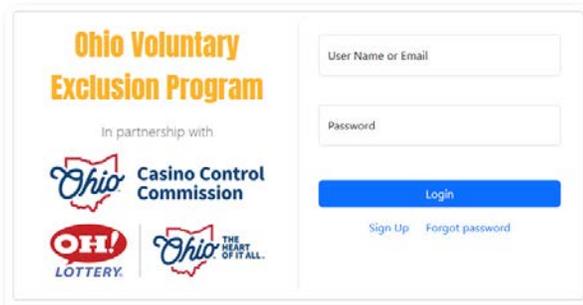
## New Participant Enrollment Aid

Go to the Ohio Voluntary Exclusion Program website (www.timeouthio.com).



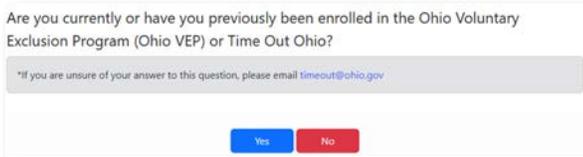
### 1. Click Sign Up

- Goes to Site Maintenance
- Click Sign Up



### 2. Click No

- Selecting No indicates that you have never enrolled yourself in the State Ohio Ohio voluntary exclusion program or Time Out Ohio before.



### 3. Click Continue Enrollment after reading the steps to complete an enrollment application

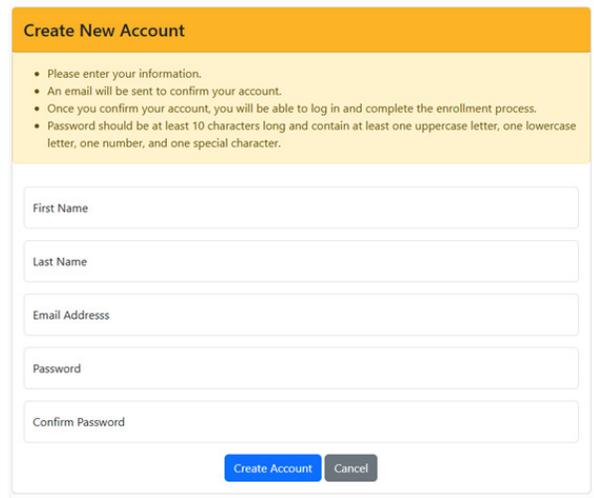
- Watch this video that contains essential information regarding Time Out Ohio.



### 4. Check

- Click Continue Enrollment

### 5. Create Account

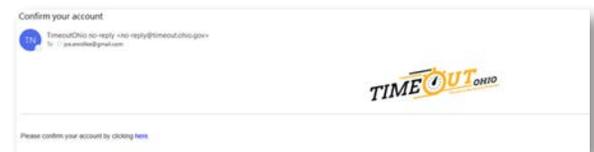


- Click Create account

### 6. Email



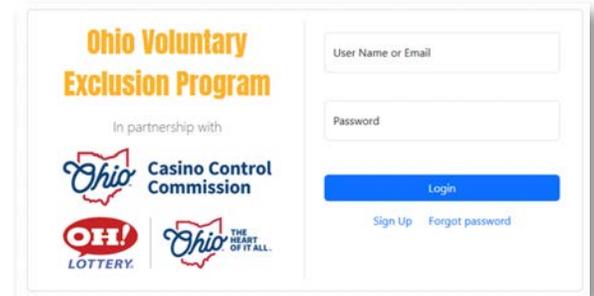
- Click 'here'



- Click 'here'



- Login Email/Password



- Click Submit



## 7. Email

- Enter Security Code



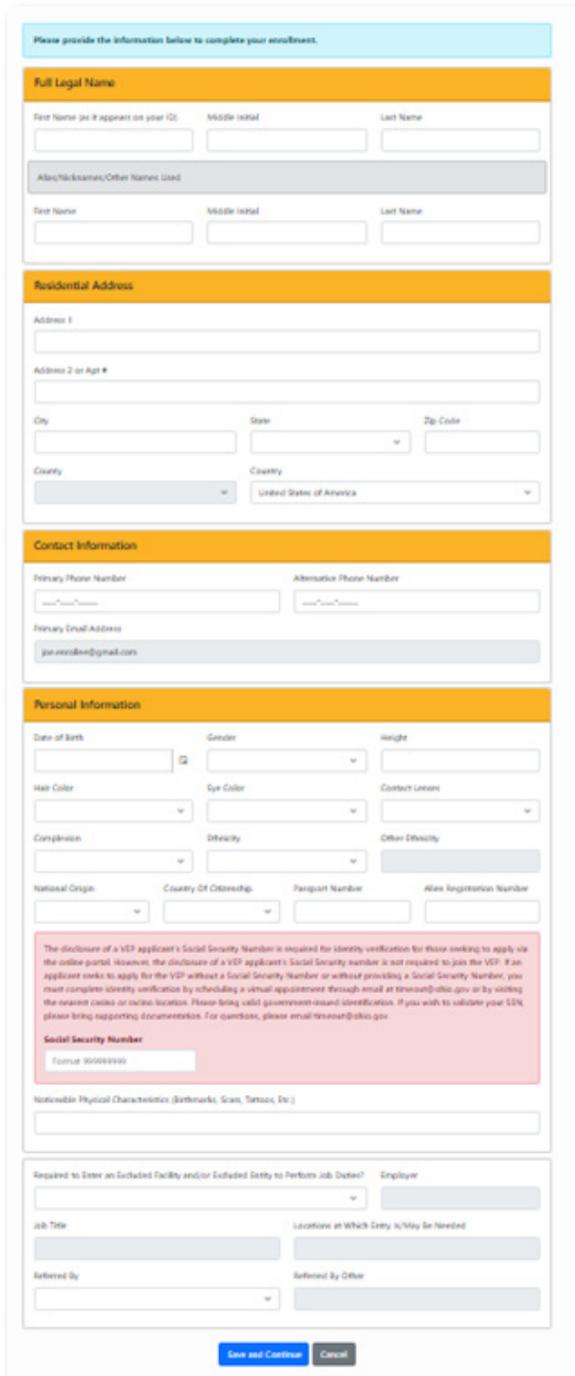
**Two-Factor Authentication**

Enter verification code

Code:

- Click Validate

## 8. Complete



Please provide the information below to complete your enrollment.

**Full Legal Name**

First Name (as it appears on your ID) Middle Initial Last Name

Alias/Nicknames/Other Names Used

First Name Middle Initial Last Name

**Residential Address**

Address 1

Address 2 or Apt #

City State Zip Code

Country United States of America

**Contact Information**

Primary Phone Number Alternative Phone Number

Primary Email Address

**Personal Information**

Date of Birth Gender Height

Hair Color Eye Color Contact Lenses

Complexion Disability Other Disability

National Origin Country of Origin Passport Number Visa Registration Number

The disclosure of a VEP applicant's Social Security Number is required for identity verification for those seeking to apply via the online portal. However, the disclosure of a VEP applicant's Social Security number is not required to join the VEP. If an applicant seeks to apply for the VEP without a Social Security Number or without providing a Social Security Number, you must complete identity verification by scheduling a virtual appointment through email at [hr@timeoutohio.gov](mailto:hr@timeoutohio.gov) or by visiting the nearest office or social location. Please bring valid government-issued identification. If you wish to update your SSN, please bring supporting documentation. For questions, please email [hr@timeoutohio.gov](mailto:hr@timeoutohio.gov).

**Social Security Number**

Former 999999999

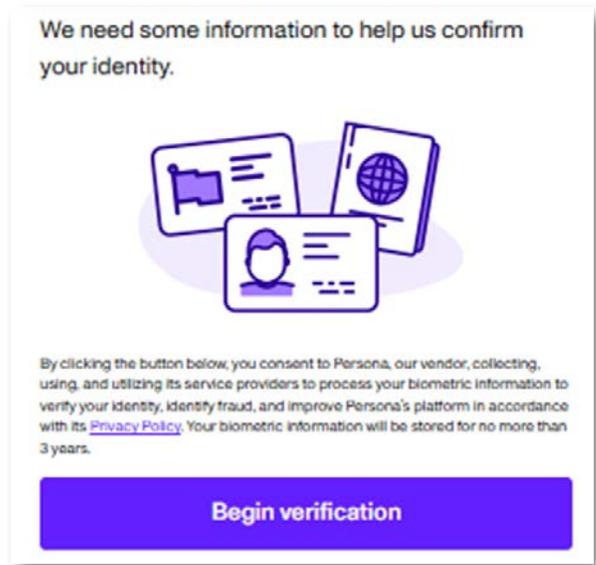
Notable Physical Characteristics (Birthmarks, Scars, Tattoos, Etc.)

Required to Enter an Excluded Facility and/or Excluded Setting to Perform Job Duties? Employer

Job Title Location at Which Entry is/ May Be Needed

Referred By Referred By Other

- Click Save and Continue
- Click Verify Your Identity
- Click Begin Verification



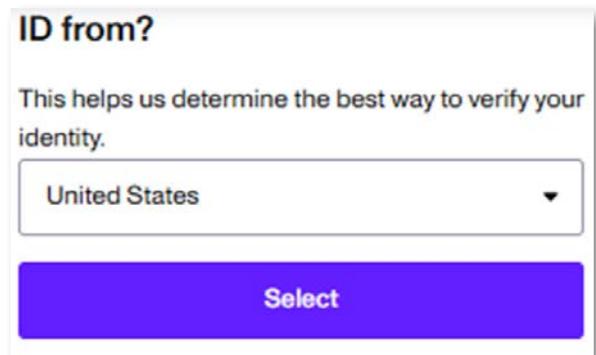
We need some information to help us confirm your identity.



By clicking the button below, you consent to Persona, our vendor, collecting, using, and utilizing its service providers to process your biometric information to verify your identity, identify fraud, and improve Persona's platform in accordance with its [Privacy Policy](#). Your biometric information will be stored for no more than 3 years.

## 9. Pick Country your government ID is from and click Select

- Click Select



**ID from?**

This helps us determine the best way to verify your identity.

United States

## 10. Select

We require a photo of a government ID to verify your identity.

Choose 1 of the following options

-  Driver License >
-  State ID >
-  Passport >
-  Passport Card >
-  Permanent Resident Card >
-  Non-Citizen Travel Document >

Pass verifications

- Click Camera icon

Take a clear photo of the front of your driver license.

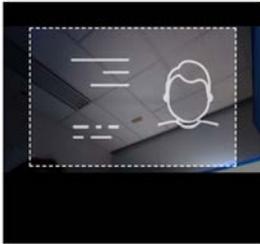


Upload a photo

Continue on another device

## 11. Photo

Take a clear photo of the front of your driver license.



Make sure lighting is good and any lettering is clear before continuing.



Use this photo

Retake photo

Take photo  Pass verifications

## 12. Click

Position yourself in the center of the camera and then move your face left and right to show both sides. Please remove your glasses before the capture.



Get started

Continue on another device

Take photo

## 13. Click

Thanks for verifying your identity.



Done

## 14. Complete

**Length of Exclusion**

I Heresby Request Enrollment in The Ohio VEP I on:

-- Exclusion Length --

**Verifications**

1. I am completing this application voluntarily.
2. I am sober (i.e. not under the influence of any alcoholic beverages, controlled substances, or otherwise impaired).
3. I understand that I will be removed from any excluded facility if I am found in an excluded facility at any time while I am in the Ohio VEP and may be charged with criminal trespassing.
4. I understand that if I am found in an excluded facility at any time while I am in the Ohio VEP, that I may be charged with criminal trespassing.
5. I understand I am not automatically removed from the Ohio VEP at the end of the applicable exclusion period and will need to complete a removal form and receive notification of its approval before I am removed from the Ohio VEP.
6. I will not access any excluded entity or enter any excluded facility until I have successfully obtained removal from the Ohio VEP, or have otherwise been specifically granted limited access by the applicable Commission to perform required job duties with an excluded entity or in an excluded facility.
7. I understand that the Ohio VEP applies to all excluded entities and all excluded facilities, as defined in the "Important Notices" section of the application.
8. I understand that I am ineligible to win or collect a prize from a gambling game that I placed a bet on while participating in the Ohio VEP, and therefore, I will not be paid for those bets if I attempt to claim any winnings from an excluded entity or at an excluded facility.
9. I agree to surrender any money or thing of value I convert or attempt to convert into a wagering instrument and any prize won, claimed, or attempted to be claimed from an excluded entity or facility while I am participating in the Ohio VEP. These surrendered funds will be used to fund state problem gambling and addictions services.
10. I understand that by joining the Ohio VEP, excluded entities and facilities may deny me service at its commonly owned, managed, or operated offerings or facilities anywhere in the world, including non-gaming areas and amenities.
11. I agree to forfeit all points, complimentary or promotional credits earned on or before the date I am completing this application.
12. I agree to receive contact by phone or by email from a research entity, with whom I agree that information about my participation in the Ohio VEP can be shared, or by the Commissions, for the purpose of evaluating the effectiveness of the Ohio VEP or providing further information furthering the purpose of the VEP.
13. I understand that I am voluntarily agreeing to refrain from accessing all excluded entities and entering all excluded facilities, including the four Ohio casinos, the seven Ohio Video Lottery Terminal (VLT) facilities, all sports gaming facilities, and all sports gaming conducted by sports gaming proponents for:  
 Minimum of one year  Minimum five years  Lifetime

- Click Save and Continue
- Click I Agree

## 15. Sign

**TIME OUT OHIO** Video Lottery Terminal

Home Joe Enrollee

**Review**

**Notifications**  
Verification(s) will be sent via email to [joe.enrollee@gmail.com](mailto:joe.enrollee@gmail.com)

**Commitment**  
I understand that I am voluntarily agreeing to refrain from entering all excluded facilities, the 4 Ohio casinos, the 7 Video Lottery Terminal facilities, and all sports betting in Ohio for:

**Authorization, Acknowledgement and Waiver**

1. I certify the information I have provided in this form is true and accurate.
2. I authorize the Commissions to release my photograph and all other information provided in this application that is necessary for an excluded entity or facility to enforce my voluntary exclusion.
3. I accept any risk of adverse public notice, embarrassment, criticism, or other action, including any financial loss, which may directly or indirectly result from the release of the information authorized in this form.
4. I acknowledge that my winnings from gambling activity while I am enrolled in the Ohio VEP, even if surrendered, may be subject to state and federal income tax laws.
5. I release and forever discharge the State of Ohio, the Commissions, and their employees and agents from any liability to me and my heirs, administrators, executors, and assignees for any harm, monetary or otherwise, that may arise out of any act or omission relating to this form for enrollment in the Ohio VEP or any future application for removal from the Ohio VEP, including the following:  
(A) administration or enforcement of the Ohio VEP;  
(B) the failure of an excluded entity or facility to withhold gambling privileges, direct marketing, check cashing, or extension of credit to me;  
(C) disclosure of information contained in this application; or  
(D) the dissemination of confidential information contained in this application by unauthorized persons.
6. I certify that I have read this application, completed it truthfully and accurately, understand everything in it, and agree to be bound by its terms, including all future changes made to the program made under Ohio Revised Code Chapters 3770, 3772, or 3775, as well as the rules adopted thereunder.

I Agree

**Signature**  
\*I confirm that by typing my name below that this will serve as my electronic signature and authentication of my identity, as well as confirmation that I understand, agree to, and will comply with all of the requirements stated above.\*

Signature

## 16. Click Complete Enrollment in Time Out Ohio

**Success**

Enrollment completed. An email has been sent containing information about your enrollment. You may also download your enrollment letter from the home page.