



# WILD ROSE

## CASINO & RESORT®

### Emmetsburg, Iowa

#### Gaming History Request Form

Patron Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Club #: \_\_\_\_\_ Year requested: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I request and authorize Wild Rose Emmetsburg, LLC ("WRE") to release to me a gaming history report containing data contained in the WRE's Casino Data Systems player tracking system; I release, acquit and discharge WRE, its officers, directors, agents, assigns and employees, from any liability arising out of the release of this information to me and/or out of my use of the information; and I further agree to indemnify, hold harmless and defend WRE, its officers, directors, agents, assigns, insurers and employees, from any and all actual or potential claims by third parties from the release of this information or its use by me or on my behalf or by any other persons or agencies to whom I provide the information. I understand that WRE cannot verify the completeness or accuracy of the information in the system for my tax purposes, makes no representation, commitment, or guarantee that the information released is complete or accurate for tax purposes, or that it will be accepted by the Internal Revenue Service or other taxing authority, or that the amounts shown as losses will be deductible or excludable from my gross income for federal or state income tax purposes, or that any specific federal or state tax treatment will apply to or be available to me. I understand that it shall be my obligation to determine what amounts are deductible or excludable from my gross income for federal or state income tax purposes, and to notify WRE if I have reason to believe that any information released to me is inaccurate.

Patron's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out form and fax to: 712-852-2909

777 Main Street, PO Box 79 ~ Emmetsburg, IA 50536 ~ 712-852-3400