



Suitability Determination Release of Liability Waiver

I, _____, whose personal identifying information is:

Date of Birth:		
Social Security number (Voluntary):		
Street Address:		
City:	State:	Zip Code:
Business or entity name:		

hereby authorize the New Hampshire Lottery Commission and/or New Hampshire Department of Justice to conduct an investigation to determine my suitability to participate in games of chance, historic horse racing and/or racing in the State of New Hampshire. I acknowledge that to make this determination, the New Hampshire Lottery Commission and/or New Hampshire Department of Justice must investigate areas to include my financial history, credit history, employment history, gaming history, criminal history, personal background, social media presence, character, and education. I acknowledge that this information will be obtained solely for the purpose of determining my suitability to participate in games of chance, historic horse racing, and/or racing. If I am furnishing my Social Security Account Number, I am doing so on a voluntary basis with the understanding such is not required by statute or regulation and I have been advised that the New Hampshire Lottery Commission will utilize this number only to facilitate the location of employment, military, credit, professional, law enforcement, and educational records concerning me.

I hereby authorize any representative of my employer, former employer(s), lending institution(s), creditor(s), credit reporting bureau(s), personal references, public agencies, law enforcement agencies, or other parties identified as pertinent to the determination of my suitability to participate in games of chance, historic horse racing, and/or racing, to release any and all public and private information that it may have concerning me, my criminal record(s) or criminal history records including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses, my work record, my financial information, information regarding my personal background and reputation, and any other information it may have consistent with the scope of determining my suitability for participating in charitable gaming, historic horse racing and/or racing in the State of New Hampshire.

I hereby release, remise, indemnify, hold harmless, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

I hereby release, remise, indemnify, hold harmless and forever discharge the State of New Hampshire, the New Hampshire Lottery Commission, and the New Hampshire Department of Justice, their members, agents, attorneys, and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I or the entity on whose behalf I am acting, have, has, may have or claim(s) to have, now or in the future, against the State of New Hampshire and the



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above-listed state agencies, their members, agents, attorneys and employees, arising out of or by reason of the processing or investigation or other action in regard to the above-referenced application.

This instrument shall remain valid for five years from the date of application, or until such date that authority is revoked by the applicant.

This authorization, request and release is submitted and given in connection with the application for license, permit, or certification of:

Legal Name of Applicant

Signature of Applicant

A reproduction of this document is as valid as the original.

In witness whereof, executed in _____ (City), County
of _____

State of _____ on the _____ Day of _____ in the Year 20_____.

SEAL

Notary Public or Division Agent

My Commission Expires: _____