



GAMING HISTORY REQUEST FORM

Tax Year Requested _____

The Current Tax Year Win/Loss Statements are not available until after the end of the calendar year.

Patron Name: _____

First Name

Middle Initial

Last Name

Date of Birth: _____

Rush Rewards Players Club # _____

Please read and sign below. Your request cannot be processed without your signature.

I request that Rivers Casino & Resort Schenectady provide my historical gaming activity. In consideration for this information, I hereby release Rivers Casino Schenectady and its parent and affiliated companies, and all of their respective officers, directors, employees, from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims. I understand that the information requested is generated from internal marketing systems and is not intended to be or take the place of my own records of my gaming activity. Rivers Casino & Resort Schenectady makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Patron Signature: _____

Date: _____

Your Gaming History Statement will be mailed to your address on file. Please verify that we have your current mailing address before submitting your request. If you need to change the address that we have on file, please visit us at Rush Rewards with your valid photo ID.

Please allow up to 4 weeks for processing.

Email to:

WinLoss@riverscasinoandresort.com

In Person:

Drop off at Rush Rewards

Mail to:

Rivers Casino & Resort
Win Loss Request
1 Rush Street
Schenectady, NY 12305

If you have questions regarding your win/loss statement, please call 518-579-8811.