



GAMING HISTORY REQUEST FORM

Tax Year Requested _____

Patron Name:

FIRST NAME

MIDDLE INITIAL

LAST NAME

Date of Birth:

Players Card #:

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

I request that The Rivers Casino provide my historical gaming activity. In consideration for this information, I hereby release The Rivers Casino and it's 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. The Rivers Casino 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

I request and authorize my Win/Loss Statement be emailed to the email address on file:

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.

Please allow 2 weeks for processing.

EMAIL TO

RIVERSWINLOSS@RUSHST.COM

FAX TO

412-566-4341

MAIL TO

**RIVERS CASINO WIN LOSS FORM
777 CASINO DRIVE
PITTSBURGH, PA 15212**