



### Request for Win/Loss Statement

By my signature below, I acknowledge and agree as follows: I am requesting Detroit Entertainment, L.L.C. ("MCCH") to provide me with "Win/Loss Statement(s)" as identified below ("Requested Win/Loss Statement(s)"). I understand that it has been my responsibility to track my wins and losses at MCCH and it continues to be my responsibility to do so. I also understand that MCCH does not maintain records in a manner that ensures a full and accurate report with respect to my wins and losses. I further understand that MCCH has no obligation to provide me with a report with respect to my wins and losses and that MCCH is honoring my current request simply as a courtesy to me.

Accordingly, on behalf of myself and my heirs and personal representatives, I release and forever discharge MCCH and its Related Parties (meaning each of MCCH's subsidiaries and affiliates, and each of their respective members, officers, directors, shareholders, employees and agents) from any and all claims, obligations, demands, actions, causes of action, and liabilities that I now have or may later have, whether known or unknown, that directly or indirectly relate to or arise out of (i) the request set forth in this document or (ii) the response to that request, including without limitation any failure on the part of MCCH to provide me with all relevant information with respect to my wins/losses at MCCH's casino.

Requested Win/Loss Statement(s): \_\_\_\_\_  
(insert pertinent calendar year or other time period)

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

Paton's Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patron's Social Security Number: \_\_\_\_\_

Patron Driver's License Number: \_\_\_\_\_

**MotorCity Casino Hotel is not responsible for your personal/confidential information sent by fax or mail.**

**Please return this form completed and signed with a copy of your valid government-issued photo I.D.**

MCCH Clerk/Associate Initials: \_\_\_\_\_