

Seminole Tribe of Florida Notice of Gaming Patron Tort Form

Patron tort claims are governed by Part VI of the Gaming Compact between the Seminole Tribe of Florida ("Tribe") and the State of Florida. In order to assert a claim, you must complete and return this form to the Tribe's Risk Management Department in a reasonable period of time, but no later than three (3) years from the date of the incident giving rise to the claimed injury; otherwise, the claim will be forever barred from recovery. The Tribe, or its insurance carrier, will provide you with a written response within thirty (30) days. The Tribe will use its best efforts to assure that the insurance carrier contacts you within a reasonable period of time. The insurance carrier will then handle the claim to conclusion. If the parties are not able to resolve the claim in good faith within one (1) year after you provide written notice, you may bring a tort claim against the Tribe in any court of competent jurisdiction in the county in which the incident alleged to have caused injury occurred - subject to any applicable statute of limitation. This process is the exclusive method for asserting a tort claim against the Tribe, and is a prerequisite to filing a claim in state court. Claims that fail to follow this process shall be forever barred. **BY SIGNING HERE, YOU ACKNOWLEDGE RECEIPT OF THIS FORM AND NOTICE OF THESE PROCEDURES.**

Signature of Patron _____ Date _____
(Receipt of this form does not confirm eligibility of your claim.)

TO SUBMIT A CLAIM, fill out the following information fields, then sign, date, and return this form to:

Seminole Tribe of Florida, Risk Management Department
5701 Stirling Road, Davie, FL 33314

❖ **General Information**

Patron Name _____ Age _____
Patron Address _____
Patron Phone # _____ Email Address: _____
Occupation & Employer Name/Address: _____
Preferred Contact Method (Call/Email/Mail): _____
Are you a guest of the hotel? Y / N Name of Registered Guest? _____
Date and Time of Incident: _____ Date Reported: _____
Facility: _____

❖ **Incident Information**

Describe the incident (including area and whether any object or substance contributed): _____

Was Security notified? Y / N Name(s) _____
Was Police notified Y / N Name(s) _____
Was EMS notified Y / N Name(s) _____
Witnesses (Name/Address/Phone #): _____

Name(s) of individuals you were with at Facility: _____

❖ **Injury Information**

Describe the injury (including any treatment): _____

Name & Address of Medical Providers, including hospitals: _____

Describe Any Previous incidents: _____
Additional Comments: _____

Patron Signature: _____ Date Signed: _____
Name of individual who completed this form, if not Patron: _____

Patron (White)

Security (Yellow)