

Name:

This form is the *beginning* of negotiations. You still need to talk!

There are no right or wrong answers. If you answer honestly, you are more likely to have a good time. You may not get everything on your list, but honesty *plus* conversation with your partner should help you find common ground.

Playing with:

Remember the phrase: "What do you mean by _____?"

My definition of "heavy impact" may be very different than yours!

Today, I want to be a...

- Top
- Bottom
- Switch

Don't up-negotiate during a scene. If you didn't talk about it before, don't do it.

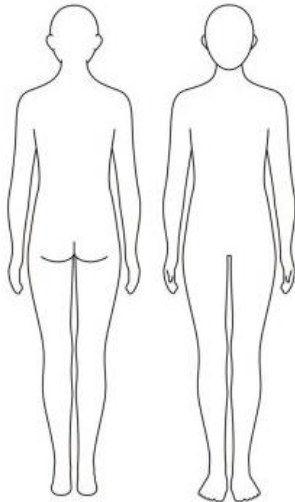
You can revoke consent at any time before or during an activity.

You *cannot* revoke consent *after* the fact. That is called regret.

Today I want...

- Check things you know you want.
- X or cross out things you know you *don't* want (hard/ soft limits for this scene).

Bondage <input type="checkbox"/> Blindfolds <input type="checkbox"/> Collar/Lead <input type="checkbox"/> Leather Cuffs <input type="checkbox"/> Metal Cuffs <input type="checkbox"/> Gags <input type="checkbox"/> Rope <input type="checkbox"/> Box Tie / TK <input type="checkbox"/> Floor Bondage <input type="checkbox"/> Suspension <input type="checkbox"/> Cross <input type="checkbox"/> Bench <input type="checkbox"/> Table <input type="checkbox"/> Cages <input type="checkbox"/> Hoods <input type="checkbox"/> Decorative <input type="checkbox"/> Restrictive <input type="checkbox"/> Mental <input type="checkbox"/> Other	Sensation Play <input type="checkbox"/> Biting <input type="checkbox"/> Edge Play <input type="checkbox"/> Electricity <input type="checkbox"/> Hair pulling <input type="checkbox"/> Knives <input type="checkbox"/> Licking <input type="checkbox"/> Mind Fucks <input type="checkbox"/> Nipples <input type="checkbox"/> Playing with Hair <input type="checkbox"/> Pressure Points <input type="checkbox"/> Scratching <input type="checkbox"/> Sensory Deprivation <input type="checkbox"/> Sharp <input type="checkbox"/> Tickling <input type="checkbox"/> Other	Impact Play <input type="checkbox"/> Spanking <input type="checkbox"/> Punching <input type="checkbox"/> Paddles <input type="checkbox"/> Canes <input type="checkbox"/> Floggers <input type="checkbox"/> Whips <input type="checkbox"/> Intro <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Stingy <input type="checkbox"/> Thuddy <input type="checkbox"/> Other	Role Play <input type="checkbox"/> Boss / Employee <input type="checkbox"/> Burglar / Victim <input type="checkbox"/> Doctor / Patient <input type="checkbox"/> Human Furniture <input type="checkbox"/> Kidnapper / Captive <input type="checkbox"/> Law Enforcer / Convict <input type="checkbox"/> Little <input type="checkbox"/> Non-con <input type="checkbox"/> Owner / Pet <input type="checkbox"/> Royalty / Servant <input type="checkbox"/> Teacher / Student <input type="checkbox"/> Wealthy / Commoner <input type="checkbox"/> Other	Touching, Intimacy, Sex <input type="checkbox"/> Cuddling <input type="checkbox"/> Dirty Talk <input type="checkbox"/> Groping <input type="checkbox"/> Kissing <input type="checkbox"/> Open Mouth Kissing <input type="checkbox"/> Exhibitionism <input type="checkbox"/> Hands On Genitals <input type="checkbox"/> Orgasms <input type="checkbox"/> Giving Oral Sex <input type="checkbox"/> Receiving Oral Sex <input type="checkbox"/> Condoms/Dent Dams <input type="checkbox"/> Fluid Exchange
		Marks <input type="checkbox"/> None <input type="checkbox"/> For Today <input type="checkbox"/> For the Week <input type="checkbox"/> Longer (discuss)	Safewords <input type="checkbox"/> Plain Language <input type="checkbox"/> Red /Yellow/Green <input type="checkbox"/> "Safeword" <input type="checkbox"/> Other (discuss)	Penetration <input type="checkbox"/> Fingers <input type="checkbox"/> Oral <input type="checkbox"/> Penis <input type="checkbox"/> Vaginal <input type="checkbox"/> Toys <input type="checkbox"/> Anal

I want to feel... <input type="checkbox"/> Beautiful <input type="checkbox"/> Catharsis <input type="checkbox"/> Controlled <input type="checkbox"/> Degraded <input type="checkbox"/> Dominant <input type="checkbox"/> Energetic <input type="checkbox"/> Erotic <input type="checkbox"/> Helpless <input type="checkbox"/> Masochistic <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Peaceful <input type="checkbox"/> Platonic <input type="checkbox"/> Playful <input type="checkbox"/> Sadistic <input type="checkbox"/> Serious <input type="checkbox"/> Submissive	Aftercare <input type="checkbox"/> ~ ___ - ___ mins <input type="checkbox"/> Water <input type="checkbox"/> Electrolytes <input type="checkbox"/> Salt <input type="checkbox"/> Sugar <input type="checkbox"/> Snack <input type="checkbox"/> Let me be <input type="checkbox"/> Blanket <input type="checkbox"/> Cuddling <input type="checkbox"/> Comfort Item <input type="checkbox"/> Conversation <input type="checkbox"/> Service <input type="checkbox"/> Snuggly Clothes <input type="checkbox"/> Socialize <input type="checkbox"/> Check in Tomorrow	You should know about my: Partners: Triggers: Medical Conditions & Meds: Injuries: STI status: Allergies: Safe Call:	I do not want to be touched here: 
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Other Notes (desires, limits, other):

VERY IMPORTANT: The top/rigger *and* the bottom are *equally* responsible for having a complete, thorough, and honest pre-rope negotiation to reduce the risk of accidental breaches of trust or consent, or accidental injury. Both parties must ask questions of the other and provide accurate and complete information on everything relevant.

Disclosure of any relevant medical conditions

- Do you have any medical conditions? Particularly any that may cause fainting or seizures?
- Do you have impaired circulation, muscular-skeletal injuries or conditions, sprains, breaks, flexibility limitations, etc.?
- Have you had any surgeries and now have sensitive or weakened areas, hernias, metal plates or pins, any implants or devices (including breast implants), piercings or joint replacements?
- Do you have any contraceptive implants? If so, where are they located?
- Are you pregnant, recently pregnant or have any issues with your menstrual cycle?
- Do you have any allergies (grass, lanolin, natural fiber rope, medication, etc.)?
- Have you had problems with nerve damage or sustained a rope related injury previously?

Intake of medication, alcohol or drugs

- Are you taking any medication that may affect play, such as blood thinners (may increase marking/bruising), painkillers (may mask 'bad' pain) or beta-blockers (may cause fainting)?
- Have you taken all prescribed medication that could affect this scene?
- Are you in an impaired state now ('under the influence')?
- What is your current consumption of alcohol or drugs? Anything that may impair your ability to deal with the play in any way?

Personal boundaries and physical limits

- Do you have any emotional or verbal triggers I need to know about?
- Do you currently have any issues with certain positions, flexibility issues or anything else that restricts where the rope can freely go?
- Do you currently have any tender spots?
- Which areas are OK for me to touch?
- Which areas are NOT OK for me to touch?
- Where, if anywhere, would you like to touch *me*?
- Rope play can leave various marks ranging from simple pressure lines to bruises, welts, and petechial hemorrhaging. Are you OK with marks? If so, which areas are OK and which are not?

Style of play

- What is your experience level with rope?
- What type of scene would you like?
 - Basic / Instructional (Just want to be tied up)
 - Sensual (Slow and gentle tying)
 - Rough (Fight and forceful tying)
 - Sadistic (Tight and forceful ties with extra pain inflicted via ropes and other implements)
 - Suspension (Entire body weight supported by rope ... requires special negotiation in addition to this sheet.)

Safe words, consent, and in-play communication methods.

- | | |
|---|--|
| <input type="checkbox"/> Standard language | <input type="checkbox"/> "Safeword" |
| <input type="checkbox"/> Red, Yellow, Green | <input type="checkbox"/> Other (discuss) |

Clothing

- What level of dress or undress you are comfortable?

Potential dangers of a rope scene

- ...include bruising, abrasions, nerve damage, loss of circulation, allergic reactions and more. Alert me immediately if you feel *anything* 'weird', like something start to tingle or go numb. This could be a sign of circulation or a nerve issue.
- Untying takes some time, please keep this in mind if things start to get uncomfortable. If you think you may need to be untied soon, please alert me immediately, so I can start to untie you BEFORE the rope becomes unbearable. DO NOT BE AFRAID TO SPEAK UP if something doesn't feel right physically or mentally.

I have read, understand and I agree to take 100% responsibility for my part in this scene.

Signature: _____

Date: _____