

Negotiation Form

This form is provided as an educational tool and starting point for negotiation.

This is not a legally binding document.

Consent is an ongoing process, and players are responsible for ensuring ongoing consent during a scene.

- Who will take part in the scene, and what will their roles be? (Ex: Alex, top; Dev, bottom)
- How long can/will the scene last?
- What type of scene are you interested in? (Ex: Sensation, resistance, D/s, blood, etc.)

SAFESWORDS

- List safewords and their meaning:
- What nonverbal safe signals, if any, will be used?
- Do you have a history of being unwilling/unable to use your safewords for any reason? YES or NO and explain:

BONDAGE/RESTRAINTS

Circle those that you would like & indicate degree if desired (light, moderate, extreme), cross out those that are limits:

- | | | | |
|--|--------------------------|-------------------------|--------------|
| • Bondage to self
(wrists together) | • Restraint with
Rope | • Blindfolds | • Suspension |
| • Bondage to an
object (cross, etc) | • Other restraint | • Hoods | • Inversion |
| | • Gags | • Partial
suspension | • Leashes |
| | | | • Collars |

PAIN

- **What is your general attitude towards receiving pain? Please describe below:** (Ex: I'm a masochist & love pain for its own sake, I'm a submissive & take pain to please my partner, I don't enjoy any painful play)
- Is there anywhere you do not want to be touched, or anywhere you do not want to experience any painful sensations? (ex: nipples, genitals, feet)
- Are marks OK? If so, where on the body?
- Describe further limits regarding marking, if applicable:

SENSATION & SERVICE

**Circle those that you would like & indicate degree if desired (light, moderate, extreme),
cross out those that are limits:**

- | | | | |
|--------------------|--------------------|------------------|-------------------|
| • Stingy sensation | • Caning | • Wax | • Blood play |
| • Thuddy sensation | • Flogging | • Knife Play | • Massage |
| • Spanking | • Nipple Clamps | • Sensation play | • Boot worship |
| • Paddling | • Genital Clamps | • Biting | • Boot blacking |
| • Whipping | • Clamps elsewhere | • Tickling | • Objectification |
| | • Electrical Play | • Play piercing | |
| | | • Cutting | |

SEX

**Circle those that you would like & indicate degree if desired (light, moderate, extreme),
cross out those that are limits:**

- | | | |
|------------------------------------|-----------------------|--------------------------|
| • Kissing | • Oral sex | • Sex toys/dildos |
| • Masturbation/touching with hands | (giving/receiving) | • Petting over clothes |
| | • Vaginal intercourse | • Fisting (anal/vaginal) |
| | • Anal intercourse | |

- Is there anything you would like to explore in particular?
- Describe your barrier protection requirements:
- Is there any specific aftercare you would like to request?

HEALTH

- Please list any health concerns (asthma, seizures, diabetes, nerve damage, joint injury, HIV, etc):
- Do you take any medications? If so, please list them:
- When did you last eat? Are you hydrated?
- Have you had any alcohol or drugs in the last 24 hours?
- History of emotional trauma, mental health issues, or known “triggers”?
- In case of emergency, notify: