

Name: _____

Playing with: _____

Today, I want to be a...

☐ Top ☐ Bottom ☐ Switch

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.

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

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

Don't up-negotiate or modify during a scene. If you didn't agree to it before, don't do it.

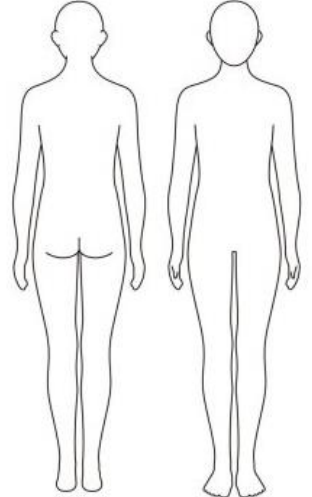
You can revoke consent at any time before or during an activity.

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 <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Spanking <input type="checkbox"/> Slapping <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 <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> For Today <input type="checkbox"/> For the Week <input type="checkbox"/> Longer (discuss) 	Safewords <ul style="list-style-type: none"> <input type="checkbox"/> Plain Language <input type="checkbox"/> Red /Yellow/Green <input type="checkbox"/> "Safeword" <input type="checkbox"/> Other (discuss) 	Penetration <ul style="list-style-type: none"> <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... <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <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: <p>Partners:</p> <p>Triggers:</p> <p>Medical Conditions & Meds:</p> <p>Injuries:</p> <p>STI status:</p> <p>Allergies:</p> <p>Safe Call:</p>	I do not want to be touched here: 
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