

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	Sensation Play	Impact Play	Role Play	Touching, Intimacy, Sex
<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	<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	<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	<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	<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...	Aftercare	You should know about my:	I do not want to be touched here:
<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	<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	Partners: Triggers: Medical Conditions & Meds: Injuries: STI status: Allergies: Safe Call:	