1. PEOPLE:					
Who (only) will take part?					
Who (only) will watch?					
Will any permanent record (photographs, audiotapes, videota	apes, etc.)	Yes		No	
be made of the session?		Put	X bes	side Yes	or No
Explanation					
Bottom's safety measures,					
e.g. calls to a friend					
2. ROLES:					
Who will be dominant?					
Who will be submissive?					
Type of scene:					
Any chance of switching roles?	Yes		No		
Explanation:	163		140		
Will the submissive promptly obey?	Yes		No		
Explanation:	103		140		
May the dominant "overpower" or "force" the submissive?	Yes		No		
Explanation:	163		140		
May the submissive verbally resist?	Yes		No		
Explanation:	103		140		
May the submissive physically resist?	Yes		No		
Explanation:			110		
Does resistance equal a "strong yellow"?	Yes		No		
Explanation:					
May the submissive try to "turn the tables:?	Yes		No		
Explanation:	11 . 55				
Does the submissive agree to wear a collar?	Yes		No		
Explanation:	11 .00		. ,0		
The submissive agrees to address the dominant by the					
following title(s):					

3. PLACE:		
Location:		
Who will ensure privacy?		
4. TIME:		
Begin at:	Length:	
Beginning signal:		
Ending signal:		
Who will keep track of time?		
5. OOPS:		
Does everybody involved understar	nd that there is some risk of	Yes No
accident, miscommunication, mispe	erception, and/or unintentional	
injury?		
Does everybody involved agree to	discuss any mishaps in a	Yes No
constructive and non-blaming mann	ner?	
6. LIMITS:		
Submissive's limits: Any problems	with the submissive's	
heart: Yes No	lungs: Yes No	kidneys: Yes No
neck/back: Yes No	bones/joints: Yes No	liver: Yes No
nervous Yes No	mental: Yes No	
system:		
Explanation:		
Is the submissive wearing contact le	enses?	Yes No
Does the submissive suffer from ca	rpal tunnel syndrome or any related	Yes No
problems?		
Does the submissive have a history	of	
seizures: Yes No	dizzy Yes No	blood Yes No
	spells:	pressure:
diabetes: Yes No	fainting: Yes No	asthma: Yes No
hyperventilation attacks	S Yes No	
Explanation:		
Describe any phobias:		
Submissive's other medical condition	ons:	

Any surgical implants (breast, fa	ce,	etc.)?							Yes		١	No		
Is the submissive taking aspirin?	•								Yes		١	No		
Is the submissive taking ibuprofi	n, A	leve, or of	ther n	on-ste	eroi	dal, a	nti-		Yes		N	No.		
inflammatory drugs?											•			
Is the submissive taking antihista	amir	nes?							Yes		١	No		
Other medications the submissiv	/e is	taking:												
Is the submissive allergic to														
bandage Yes No		Other al	lergie	es:										
tape:														
In case of emergency notify:														
Dominant's limits: Any problems	with	n the Dom	inant	's	1									
heart: Yes No		lungs:	Yes		No)			kidneys:	Yes	i	No	1	
neck/back: Yes No		bones/jo	ints:	Yes		No			liver:	Yes		No		
nervous Yes No		mental:	Yes	3	N	0								
system:														
Explanation:														
Does the Dominant have a histo	ry o	f	ı	1										
seizures: Yes No		dizzy	Yes		N				blood	Ye	s	No	כ	
		spells:							pressure	:				
diabetes: Yes No		fainting:	Yes	S	Ν	О			asthma:	Yes		No		
hyperventilation attack	κs	Yes		No										
Explanation:														
Dominant's other medical condit	ions	s:												
Other medications the Dominant	t is t	aking:												
In case of emergency notify:														
Is the dominant currently certifie	d in	First Aid a	and C	PR?				Υ	'es		No			
Safety gear on hand														
paramedic Yes No		flashligh	t: Y	es	1	10			first	Yes		No		
scissors:									aid kit:					
blackout Yes No		fire		Yes		No								
light:		extinguis	sher:											

Will the	play be	in an	isola	ated a	rea	such as a	farmho	ouse?			Yes	N	No				
If yes, w	hat will	ensur	e the	e subi	niss	ive's safe	ty if the	domi	inant	becom	nes uncor	scious?					
no bo	ndage	Yes		No		third	Yes		No		telepho	one/radio/pani	c Y	es	N	0	
t	0					person					11	itton within					
chair/b	ed/etc.:					present	:				subm	issive's reach:					
no	Yes		No			silent	Yes		No								
gag:						alarm:											

Other:

7. SEX:			
Does any participant believe they might have a sexually transmitted	Yes	No	
disease?		·	
Explanation:			
Does any participant believe they might have herpes? Note: herpes	Yes	No	
takes many forms and generally only the genital form is of concern.			
Explanation:			
Have participants been tested for HIV?	Yes	No	
Has any participant tested positive?	Yes	No	
Explanation:			

which of the following sexual acts are acceptable:			
Masturbation: dominant to submissive	Yes	No	
Masturbation: submissive to dominant	Yes	No	
self-masturbation by submissive	Yes	No	
self-masturbation by dominant	Yes	No	
Oral: dominant to submissive	Yes	No	
Oral: submissive to dominant	Yes	No	
Analingus: dominant to submissive	Yes	No	
Analingus: submissive to dominant	Yes	No	
Vaginal fisting: dominant to submissive	Yes	No	
Vaginal fisting: submissive to dominant	Yes	No	
Anal fisting: dominant to submissive	Yes	No	
Anal fisting: submissive to dominant	Yes	No	
Vaginal intercourse: dominant to submissive	Yes	No	
Vaginal intercourse: submissive to dominant	Yes	No	

Anal intercourse: dominant to submissive	Yes	No
Anal intercourse: submissive to dominant	Yes	No
Is swallowing semen acceptable?	Yes	No
Is any participant menstruating?	Yes	No
Will sex toys such as vibrators, dildos, butt plugs, etc. be used?	Yes	No

If yes, describe:

Which of the above activities will involve birth control pills, diaphragms, spermicidal suppositories, lubricants containing nonoxynol-9, or contraceptive foams/suppositories/gels?

Which of the above activities will involve condoms, gloves, dental dams, and/or other barriers?

8. INTOXICANTS:

The dominant can use (only) the following intoxicants during the session:

Acceptable quantity:

The submissive can use (only) the following intoxicants during the session:

Acceptable quantity:

Explanation:

9. BONDAGE:			
The submissive agrees to allow (only) the following types of bondage			
hands in front:	Yes	No	
hands behind back:	Yes	No	
ankles:	Yes	No	
knees:	Yes	No	
elbows:	Yes	No	
wrists to ankles (hog-tie):	Yes	No	
spreader bars:	Yes	No	
tied to chair:	Yes	No	
use of blindfold:	Yes	No	
use of gag:	Yes	No	
use of hood:	Yes	No	
use of rope:	Yes	No	
use of tape:	Yes	No	
use of leather cuffs:	Yes	No	

use of handcuffs/metal restraints:	Yes	No	
suspension:	Yes	No	
mummification with plastic wrap, body bag, or similar technique:	Yes	No	
Any past bad experiences by either person with bondage, gags,	Yes	No	
blindfolds, and/or hoods?		·	
Explanation:			

10. PAIN:			
Submissive's general attitude toward receiving pain:	likes		
	accepts		
	neutral		
	dislikes		
	not accept		
Quantity of pain the submissive wants to receive:	none		
	small		
	average		
	large		
Explanation:			
Dominant's general attitude toward giving pain:	likes		
	will give		
	neutral		
	dislikes		
	will not give		
Quantity of pain the dominant wants to give:	none		
	small		
	average		
Explanation:			
Will the "now" technique be used?	Yes	No	
Explanation:	<u> </u>		•
Will the "one to ten" technique be used?	Yes	No	
Explanation:			
The following types of pain are acceptable			
spanking	Yes	No	
paddling	Yes	No	
flogging	Yes	No	
caning	Yes	No	
face slaps	Yes	No	

hair pulling	Yes	No	
biting	Yes	No	
nipple clamps	Yes	No	
genital clamps	Yes	No	
clamps elsewhere	Yes	No	
Locations:			
ice	Yes	No	
hot wax	Yes	No	
tickling	Yes	No	

Other types/methods of pain:

Additional remarks:

11. MARKS:			
Is it acceptable to the submissive if the play leaves marks?	Yes	No	
Visible while wearing street clothes?	Yes	No	
Visible while wearing a bathing suit?	Yes	No	
Is it acceptable to the submissive if the play draws small amounts of	Yes	No	
blood?		·	
Explanation:			
How easy or difficult has it been to mark the submissive in the past?			

12. EROTIC HUMILIATION					
The submissive agrees to accept being referred to by the following terms:					
The submissive agrees to the following forms of erotic humiliation					
"verbal abuse":	Yes		No		

"verbal abuse":	Yes	No	
enemas:	Yes	No	
forced exhibitionism:	Yes	No	

		1	1
spitting:	Yes	No	
water sports:	Yes	No	
scat games:	Yes	No	
Other:			
Any prior really good or really bad experiences in these areas?	Yes	No	
Explanation:			
13. SAFEWORDS			
Safeword # 1 and its meaning:			
0.6 1// 0 1// 1//			
Safeword # 2 and its meaning:			
Safeword # 3 and its meaning:			
, and the second			
Non-verbal safewords and their meaning:			
44 ODDODTUNITIES/ODESIAL SIZULS			
14. OPPORTUNITIES/SPECIAL SKILLS			
Anything either party would especially like to try or explore?			
15. AFTERCARE			
What aftercare does the bottom prefer?			
What alteredie does the sellent prefer.			
What aftercare does the top prefer?			

Who will initiate contacts?	After the sess	After the session:		
	The next day	:		
	A week later:	A week later:		
	In the event of	In the event of a crisis:		
Acceptable methods	Email	Yes	No	
	Text	Yes	No	
	Phone	Yes	No	
	In Person	Yes	No	
	Other:			
18. ANYTHING ELSE?				
18. ANYTHING ELSE?				
	ofter the session?			
What will become of this form a	after the session?			
	after the session?			
What will become of this form a				
	FEEDBACK	cale of one-to-te	en (ten tops)	
What will become of this form a	FEEDBACK ut the session on a s			
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about	FEEDBACK ut the session on a s			
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about	FEEDBACK ut the session on a series a scale of one-to-te	n how good was	s it?	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on Worst part of the session and or	FEEDBACK ut the session on a series a scale of one-to-te	n how good was	s it?	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on	FEEDBACK ut the session on a series a scale of one-to-te	n how good was	s it?	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on Worst part of the session and continuous Dominant's overall feeling about Dominant's Domi	FEEDBACK ut the session on a solution a scale of one-to-te on a scale of one-to-te	n how good was	s it?	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on Worst part of the session and or	FEEDBACK ut the session on a set a scale of one-to-te on a scale of one-to-te on a scale of one-to-te out the session on a	n how good was en how bad was scale of one-to-	s it? s it? -ten (ten tops)	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on Worst part of the session and continuous to the comments: Submissive's overall feeling about the session and continuous the session and continu	FEEDBACK ut the session on a set a scale of one-to-te on a scale of one-to-te on a scale of one-to-te out the session on a	n how good was en how bad was scale of one-to-	s it? s it? -ten (ten tops)	
What will become of this form a POST-SESSION NOTES AND Dominant's overall feeling about Best part of the session and on Worst part of the session and control of the comments: Submissive's overall feeling about the session and control of	FEEDBACK ut the session on a set a scale of one-to-te on a scale of one-to-te out the session on a out the session on a	n how good was en how bad was scale of one-to- n how good was	s it? ten (ten tops) s it?	

NEGOTIATION SHORT FORM

- 1. People
- 2. Roles
- 3. Place
- 4. Time
- 5. Oops
- 6. Limits
- 7. Sex
- 8. Intoxicants
- 9. Bondage
- 10. Pain
- 11. Marks
- 12. Humiliation
- 13. Safewords
- 14. Opportunities
- 15. Aftercare
- 16. Follow-Up
- 17. Confidentiality
- 18. Anything Else?

1. Peopl	е					
1.	Who are participating?					
2. Roles						
1.	Who is Top? Bottom?					
2.	What kind of scene? Will Bottom obey readily or res	ist?				
3. Venue	/safety – safety equipment, first aid, safety calls from t	pottom to friend, etc.				
4. Time a	4. Time and Length					
5. Oops						
1.	Does everybody involved understand that there is so	ome risk?				
6. Medica	al limitations of both Bottom and Top					
1.	Physical, mental, medication-related					
7. Sex						
1.	Oral, penetration, touch. Discuss this area very, very	thoroughly and don't deviate!!!!!				
2.	What protection to be used?					
8. Intoxic	ants					
1.	How much and of what is allowed before and after?					
9. Bonda	ge					
1.	What parts of the body?					
2.	What kinds of bondage - rope, tape, gags, blindfolds	s, etc.?				
10. Pain						
1.	How much pain does the bottom want?					
2.	Types of pain – spanking, flogging, caning, paddling	, electrical, etc.?				
11. Mark	5					
1.	Are marks allowed – street clothes, bathing suits?					
12. Humi	liation					
1.	Allowed verbal terms, e.g. whore, slut, bitch?					
2.	Physical – hair pulling, face slapping, spitting?					
13. Safev	vords					
1.	For example, Green, Yellow, Red					
14. Oppo	rtunities – anything special the bottom wants to try?					
15. Follow	v-Up					
1.	Aftercare for the bottom and for the top					
2.	Communication after the scene - hours, days and by	y whom				
3.	How will sub drop be handled?					
16. Anyth	ing Else, e.g. confidentiality?					
TOP	BOTTOM	Date				