



Consent Checklist

Today's Date

Performer's Name

Performer's Legal Name

Director's Name

Production Company Name

Brand/Site

Production Title (subject to change)

Date of Production

Introduction

The purpose of this checklist is to document the adult performer's understanding of the activities below and serve as a starting point for a discussion regarding the adult scene they will participate in on the date(s) of production.

All participants maintain the right to refuse any activity, re-negotiate terms or ask for clarification at any time, with no questions asked, regardless of what is contained in this or any other document.

This checklist is not comprehensive and includes space for additions. It is also not an indication that every activity listed will be requested or is applicable to the scene you are booked for. This is a generalized list to help everyone involved in the production understand your boundaries; and to ensure that you feel comfortable on set and with your scene partner(s).

Definitions

Yes: You understand and are willing to participate in the activity indicated.

No: You understand and are NOT willing to participate in this activity.

Needs Discussion: You might participate in this activity, but some clarification is required in order to make an informed decision. The level of intensity or the circumstances under which the action occurs are two examples of negotiable points that may be defined on the set, at the relevant time, between the performer, the director, and any other participant. Feel free to use the space provided/back of this page to include comments.

Sexual Activity

Sexual acts – for your body	Yes	No	Needs Discussion / Comments
Kissing (peck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing with tongues/open mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cunnilingus (oral sex on women) – eating, licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nibbling and/or sucking/pulling labia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball/testicle sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blow Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rough face-fucking/thrusting down throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering (vaginal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetration with toys (vaginal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisting (vaginal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double vaginal penetration (Two penises in one vagina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering (anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetration with toys (anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analingus (rimming/ass licking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisting (anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Penetration (vaginal and anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double anal penetration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaping asshole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ass-to-pussy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ass-to-mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pegging (strap-on harness and dildo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced Masturbation / orgasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gestures (Receiving)	Yes	No	Needs Discussion / Comments
Lip Biting / Sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand over mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair-pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slapping (face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slapping (body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanking (Bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Humiliation/Name-calling. Verbal humiliation as part of role play: are there certain things you would not like to be called? e.g. slut, whore, bitch, piece of meat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipple pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipple sucking, nibbling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squeezing breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scratching back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digging nails into skin, pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot on head and/or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neck kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand pulled/pinned behind back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishhook mouth with co-star's finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessories/ Props (You may skip this part if toy play is not part of your scene today. Ask director)

Recipient/Receiving	Yes	No	Needs Discussion / Comments
Blindfolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paddling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball-gags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraints (rope/cuffs/tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face covering/hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrator and dildo play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cock and ball restraint / torture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fluid Exchange

Spitting (Receiving)	Yes	No	Needs Discussion / Comments
On the face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On breasts/nipples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Squirting / Urine	Yes	No	Needs Discussion / Comments
Partner making you squirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking/swallowing own squirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking/swallowing squirt of partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Semen: pop shot location	Yes	No	Needs Discussion / Comments
Facials (avoid eyes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facials (inc. eyes and hair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen in mouth (shown on tongue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing after semen in mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen in mouth (swallowed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen on genitals (outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubic hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creampie (vaginal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creampie (anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marking

Marking / Bruising	Yes	No	Needs Discussion / Comments
Do you have a shoot in the next few days? If so, please write NO MARKS in the comments column to your right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you ok with receiving marks that may last a few days? Please write your personal preference in the column to your right. NO MARKS or MARKS ARE OK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licking/swallowing squirt of partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lube Preference

<input type="checkbox"/> Silicone-based	<input type="checkbox"/> Water-based	<input type="checkbox"/> Coconut oil	<input type="checkbox"/> Spit	<input type="checkbox"/> Other _____
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Additional notes (optional)

Please specify any additional guidelines for participants in shoot:
e.g. sensitive areas, injury, preferences, trigger words, sensitive themes, uncomfortable roles/characters, anything you wish to avoid?



Menstruation (if applies)

Are you on your period?

- Yes
- No

If so, are you using a sponge?

- Yes
- No

Communicating discomfort

Please choose one safeword:

- I will use the safeword _____
- I will use the universally recognized safeword "RED" during this shoot

You can call RED if you just want to communicate that you need water or feel any discomfort, or needing a moment to breathe.

Slow-down word / gesture

- I will use the word _____
- Non verbal: I will double tap my partner

If a performer or crew member says the safeword, all activities stop and action ceases while the scene can be adjusted until the performer can consent to continue.



Signatures

Performer Legal Name

Signature

Date

Director Legal Name

Signature

Date

Witness Legal Name

Signature

Date

Additional Participants / Scene Partners

I affirm that I have read and these limitations thoroughly and will respect them.

Scene Partner Legal Name

Signature

Date

Scene Partner Legal Name

Signature

Date

Scene Partner Legal Name

Signature

Date