



This consent form is designed to help both the rigger and model communicate and understand each other's desires and boundaries. Please take a moment to discuss and clarify your preferences for rope play.

Have you seen me tie before?

Yes / No

Have you been tied before?

Yes / No

What is your experience level?

Beginner / Intermediate / Advanced

Are you aware of the risks of rope play?

Yes / No

Do you know your own 'risk profile'? (e.g., Are you aware of what others might think of marks, do you live/work in a conservative environment?)

Yes / No

Would marks on your upper arms or neck cause concern in your work/home place?

Yes / No

Do you have any mobility difficulties or injuries I should be aware of?

Yes / No

Are you hyper-flexible, hypermobile, or have postural orthostatic tachycardia syndrome?

Yes / No

Do you have any medical issues or conditions I should be aware of? (e.g., low blood pressure, diabetes, epilepsy, asthma, narcolepsy)

Do you have any piercings or implants that aren't immediately obvious?

Yes / No

Are you prone to panic attacks?

Yes / No

If yes, what can I do to help if you experience one?

Do you have any other triggers I should know about, including words/names you react well or badly to? (e.g., slut, whore, baby, etc.)

Yes / No

Do you go non-verbal during play?

Yes / No

Do you want to specifically feel pain during play?

Yes / No

If yes, what type of pain do you prefer? (e.g., stingy, thuddy, endurance)

What kind of handling do you prefer?

Rough / Gentle

What parts of your body are 'off limits'?

How do you feel about the following?

- Gag rope: Yes / No
- Hair rope: Yes / No
- Face rope: Yes / No
- Neck rope: Yes / No
- Breath play or choking: Yes / No
- Crotch rope: Yes / No
- Toe rope: Yes / No
- Finger rope: Yes / No

- Blindfolds: Yes / No

Are you okay with photos being taken, either by me (less likely) or other specified people?

What sort of aftercare do you need?