**BDSM Checklist for Submissives**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Performer Name Director Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Production Company Name Brand/Site**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Production Title (subject to change)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date Date(s) 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 during the scene.

**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 to include comments.

If you are inexperienced or otherwise unsure about any activity on this list, please check "No" or "Needs Discussion"

**BDSM Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Receiving/Experiencing** | **Yes** | **No** | **Needs Discussion / Comments** |
| Clamps | 🞎 | 🞎 | 🞎 |
| Clothespins | 🞎 | 🞎 | 🞎 |
| Flogging / Whipping | 🞎 | 🞎 | 🞎 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Receiving/Experiencing** | **Yes** | **No** | **Needs Discussion / Comments** |
| Spanking / Paddling | 🞎 | 🞎 | 🞎 |
| Slapping (face) | 🞎 | 🞎 | 🞎 |
| Slapping (body) | 🞎 | 🞎 | 🞎 |
| Caning | 🞎 | 🞎 | 🞎 |
| Fondling / Tickling | 🞎 | 🞎 | 🞎 |
| Gags / Oral Toys | 🞎 | 🞎 | 🞎 |
| Breath control | 🞎 | 🞎 | 🞎 |
| Forced orgasm / Masturbation | 🞎 | 🞎 | 🞎 |
| Electrical play (zapper/TENS/cattle prod) | 🞎 | 🞎 | 🞎 |
| Cock and ball torture (CBT) | 🞎 | 🞎 | 🞎 |
| Hot wax | 🞎 | 🞎 | 🞎 |
| Mummification | 🞎 | 🞎 | 🞎 |
| Sounding (inserting objects in urethra) | 🞎 | 🞎 | 🞎 |
| Restraints (rope/cuffs/tape) | 🞎 | 🞎 | 🞎 |
| Water play (dunking/spraying/dripping) | 🞎 | 🞎 | 🞎 |
| Enema | 🞎 | 🞎 | 🞎 |
| Verbal humiliation | 🞎 | 🞎 | 🞎 |
| Feminization / Sissification | 🞎 | 🞎 | 🞎 |
| Pissing | 🞎 | 🞎 | 🞎 |
| On the body | 🞎 | 🞎 | 🞎 |
| On the face and head | 🞎 | 🞎 | 🞎 |
| In the mouth | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performing** | **Yes** | **No** | **Needs Discussion / Comments** |
| Foot worship (sucking/licking toes & feet) | 🞎 | 🞎 | 🞎 |
| Animal role play (“bark like a dog”, etc.) | 🞎 | 🞎 | 🞎 |

**Physical Sensitivity**

This section describes the level of sensitivity of your specific body parts. Intensity is widely variable and largely adjustable to individual comfort levels. Sensation may include but is not limited to: hitting, spanking, smacking, pinching, pulling, sucking, and fucking.

**Definitions for this Section**

**Strong:** I can handle or am fond of heavy/above-average levels of intensity/sensation in this area.

**Medium:** My tolerance level is average in this area.

**Low:** My tolerance to sensation or pain in this areais particularly low.

**No:** This area of the body is off-limits.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Sensitivity** | **Strong** | **Medium** | **Low** | **No** |
| Hair-pulling | 🞎 | 🞎 | 🞎 | 🞎 |
| Face-slapping | 🞎 | 🞎 | 🞎 | 🞎 |
| Pecs / Breasts | 🞎 | 🞎 | 🞎 | 🞎 |
| Nipples | 🞎 | 🞎 | 🞎 | 🞎 |
| Butt cheeks | 🞎 | 🞎 | 🞎 | 🞎 |
| Bottoms of feet | 🞎 | 🞎 | 🞎 | 🞎 |
| Neck / Choking | 🞎 | 🞎 | 🞎 | 🞎 |
| Upper back / Shoulders | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vagina** | **Strong** | **Medium** | **Low** | **No** |
| Pubic mound / Mons pubis | 🞎 | 🞎 | 🞎 | 🞎 |
| Outer labia | 🞎 | 🞎 | 🞎 | 🞎 |
| Inner labia | 🞎 | 🞎 | 🞎 | 🞎 |
| Clitoris / hood | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Penis** | **Strong** | **Medium** | **Low** | **No** |
| Head (glans) | 🞎 | 🞎 | 🞎 | 🞎 |
| Shaft | 🞎 | 🞎 | 🞎 | 🞎 |
| Balls (scrotum) | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 |

|  |
| --- |
| **Additional Comments / Notes** |
|  |

**Marks on the Skin**

*please choose one:*

|  |  |
| --- | --- |
| 🞎 | I cannot be marked |
| 🞎 | I can be marked in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Safeword**

*please choose one:*

|  |  |
| --- | --- |
| 🞎 | I will use the safeword \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 | I will use the universally recognized safeword “RED” during this shoot |

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.

If a performer cannot say their safeword (for instance, because of a gag), they can signal by shaking their head back and forth three times, or looking directly at the director or other crew member.

**Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Performer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

**Additional Participants**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Legal name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Legal name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Legal name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Legal name Signature Date