

KINK 101 NEGOTIATION FORM by LeatherRedux

Inspired by J. Wiseman • Edited by MixtressRue and Raea

Scene Basics – Who is participating?

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| Names of everyone to be directly involved in the scene <i>Please include pronouns and roles.</i> (Topping/bottoming, Power Exchange: D/s) | | | | | |
| Names of Spotters (not directly involved) <i>Please include pronouns.</i> | | | | | |
| Will there be any audio and/or visual recordings? (Yes/No) | | Will they be posted to social media? Where? Will you credit? (list type and site for any visuals/audios) | | | |
| Please answer all questions in this section for all persons directly involved? (Name/Role) | Have you slept in the past 24 hours? (Yes/No) | How Many Hours? (#Hrs) | Have you had at least 6 glasses of water? (Yes/No) | Have you had any recreational substances? (Yes/No) | If yes, what? How long ago did you consume? |
| | | | | | |
| | | | | | |
| | | | | | |

Emergency Information

| | | | |
|------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Your name | Your Emergency Contact Name(s) | How do we contact them? | What name/pronoun should be used for you when speaking to your contact? |
| | | | |
| | | | |
| Your name: | If needed, do you have ID and medical insurance card? (yes/no) | If yes, where is it located in your possessions? <i>(Preferably the same place)</i> | |
| | | | |
| | | | |
| | | | |

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Medical History

Do you have any of the following conditions that could potentially affect your ability to participate in a scene?

| Condition | Yes | Who? | Details |
|----------------------|-----|------|---------|
| Arthritis/Joint Pain | | | |
| Back pain | | | |
| Breathing Issues | | | |
| Diabetes | | | |
| Heart Disease | | | |
| High Blood Pressure | | | |
| Liver Disease | | | |
| Mental Health | | | |
| Nervous System | | | |
| Other: | | | |

Medications: *If there are any medications you believe may affect the scene please indicate below. Examples include blood thinners (aspirin, NSAIDs) anti-convulsant (some antidepressants/seizure meds)*

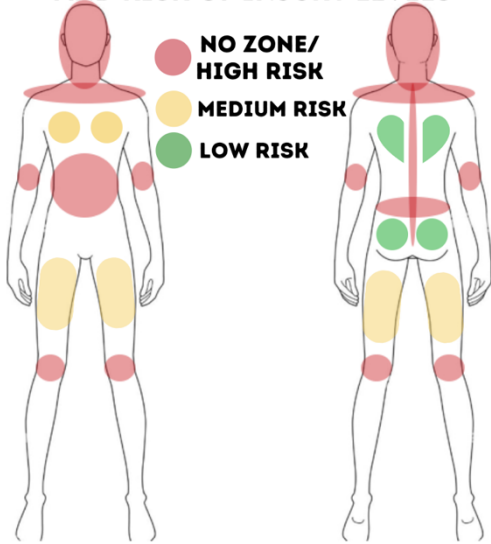
Medical Devices: *Please list any medical devices you believe may affect the scene...Including but not limited to breast implants, orthopedic implants, pacemakers, contact lenses, etc.*

Allergies: *Please list any allergies you may have that may affect the scene... including but not limited to leather, latex, adhesive, fragrance, horsehair (animal hair) etc.*

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WHERE TO HIT ON THE BODY AND RISK OF INJURY LEVELS



Safety Warning

No Zone (red): These areas are NOT recommended for impact due to increased risk of serious injury

Medium Risk (yellow): These areas do not heal as quickly as other areas of the body. Proceed with caution as there is some risk for injury

Low Risk (green): These areas carry less risk for injury and can withstand greater impact.

Bottom(s):

Please **circle** each area you WANT to be touched.

Please write an **X** on each area you DO NOT want touched.
 (Multiple colored pencils/pens would help here)

Top(s):

Please **VERBALLY** confirm with the bottom(s) that you understand where it is acceptable and unacceptable to touch.

Scene/Play Basics (Sex, Limits, Triggers, Headspace, Communication)

Sex: Please write out which sexual activity you want (including but not limited to penetration with hands, objects, genitals). Your partner will circle or underline what they *enthusiastically* want.

| | |
|--------|--|
| Top | |
| Bottom | |

| | Top | bottom |
|----------------------------------------------------------------------------------------------------|-----|--------|
| If you would like to have sex, when was your last STD/STI screening and what is your status? | | |
| Would you like to use protection? If yes, please indicate what kind of protection you'll be using. | | |
| Are you comfortable swallowing bodily fluids? If yes, which ones? | | |

Limits What do you **ABSOLUTELY NOT** want to do today? Get honest. (ex. Bodily fluid exchange, bondage, impact)

| | |
|--------|--|
| Top | |
| bottom | |

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Phobias/Traumas/Aversions: *Are there any potentially triggering experiences your scene partner should be aware of? (ex. Fear of pain, aversion to particular names/phrases, face slapping, aversion to bodily fluids, etc.)*

Top

bottom

Subspace/Domspace: *Do you want to get to your "headspace"? If yes, what gets you there? What happens when you get there? What precautions or systems of communication need to be in place?*

Top

bottom

In-scene communication/Safe Words: *How will you communicate with your partners that things are going well? How will you communicate that they're going poorly? How will you communicate that there's an emergency?*

Top

bottom

In-scene communication/Non-verbals: *If someone goes silent what signals may you put into place to communicate the scene is going well? Poorly? How will you communicate that there's an emergency without speaking?*

Top

bottom

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Types of Play (and specific precautions)

In the next section we will be utilizing the stoplight system to indicate your attitudes about incorporating the following types of play in your scene. Remember, only yes means YES!

Green: HELL YES! I want this SO bad! I am completely comfortable with this.

Yellow: I'm curious about it, but I'm unsure if I want to do it tonight. Let's revisit in the future.

Red: I have no desire to do this. Either it makes me uncomfortable, or I am physically/mentally unable to do this. This is 100% off the table, no exceptions.

| Bondage | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|--|
| Top | | | |
| bottom | | | |
| | <i>Do you have the following equipment?</i> | | |
| | T | b | |
| Rope | | | |
| Bondage Tape | | | |
| Restraints | | | |
| Safety Scissors | | | |
| Marlin Spike | | | |
| First Aid Kit | | | |
| Other: | | | |
| Other: | | | |
| Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training. | | | |
| | | | |
| bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training. | | | |
| | | | |

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| Impact | | | |
|--------|--|--|--|
| Top | | | |
| bottom | | | |

| | <i>Do you have the following equipment?</i> | | |
|--------------------------------------------------------|---------------------------------------------|--|--|
| Floggers | | | |
| Whips | | | |
| Crops | | | |
| Paddles | | | |
| Homemade/Pervertable | | | |
| First Aid Kit (ex. bandages, alcohol wipes, Neosporin) | | | |
| Other: | | | |
| Other: | | | |

Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training.

bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training.

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| Marks | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|---|
| Top | | | | |
| bottom | | | | |
| <i>Where are you comfortable giving or having marks?</i> | | | T | b |
| Visible when wearing street clothes. | | | | |
| Visible when wearing a bathing suit. | | | | |
| Is bleeding or drawing blood acceptable? Check for yes. | | | | |
| If blood is drawn are both parties prepared to mitigate the risk of bloodborne pathogens? (i.e., through proper first aid). | | | | |
| Would it be acceptable If the process to achieve the marks made it difficult for the bottom to go about their day-to-day activities after the scene? | | | | |
| Are permanent marks acceptable? | | | | |
| Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training. | | | | |
| | | | | |
| bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training. | | | | |
| | | | | |

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Humiliation

| | | | |
|--------|--|--|--|
| Top | | | |
| bottom | | | |

What forms of humiliation are you comfortable with? Ex. Face slapping, watersports, scat, degradation, etc.) Please detail to what extent you are comfortable with said humiliating activities.

| | |
|--------|--|
| Top | |
| bottom | |

Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training.

bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Are both parties prepared to deal with any psychological distress caused by a scene involving this category? If yes, please detail your action plan for handling said event in the space below. | T | b |
| | | |

Explanation:

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| | | | |
|----------------|--|--|--|
| Service | | | |
|----------------|--|--|--|

| | | | |
|--------|--|--|--|
| Top | | | |
| bottom | | | |

What forms of service are you comfortable with? Ex. cigar, assistance, bootblacking, body worship, massage, etc.) Please detail to what extent you are comfortable with said humiliating activities.

| | |
|--------|--|
| Top | |
| bottom | |

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bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Are both parties prepared to deal with any psychological distress caused by a scene involving this category? If yes, please detail your action plan for handling said event in the space below. | T | b |
| | | |

Explanation:

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Roleplay

| | | | |
|--------|--|--|--|
| Top | | | |
| bottom | | | |

What forms of roleplay are you comfortable with? Age play, pet play, medical play, school girl/boy, etc.) Please detail to what extent you are comfortable with said humiliating activities.

| | |
|--------|--|
| Top | |
| bottom | |

Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training.

bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Are both parties prepared to deal with any psychological distress caused by a scene involving this category? If yes, please detail your action plan for handling said event in the space below. | T | b |
| | | |

Explanation:

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| Sensation Play | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-------|
| Top | | | |
| bottom | | | |
| <i>Do you have the following equipment?</i> | T | B | Notes |
| Ice | | | |
| Wax play | | | |
| Abrasion | | | |
| Feather/Fur | | | |
| Figging | | | |
| Tickling | | | |
| Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training. | | | |
| | | | |
| bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training. | | | |
| | | | |

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Other Forms of Play, not already mentioned

| | | | |
|--------|--|--|--|
| Top | | | |
| bottom | | | |

| <i>Do you have the following equipment?</i> | T | B | Notes |
|---------------------------------------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Top Only: Please indicate your level of experience topping in this category and how you were trained (name person(s), YouTube, books, etc.) Include first aid training.

bottom Only: Please indicate your level of experience bottoming in this category and where you gained this experience (name person(s), YouTube, books, etc.) Include first aid training.

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Aftercare

How will you care for each other after the scene? What are your aftercare must haves from your partner? What are you not willing to provide or receive?

| | | | | | | | |
|--------|----------------------------------------|--------|--------------------------|------------|---------|--------|-------|
| Top | | | | | | | |
| bottom | | | | | | | |
| | Which of the following might you need? | | | | | | |
| | Sex | No Sex | Debrief: Verbal/Essay | Quiet Time | Blanket | Snacks | Water |
| Top | | | | | | | |
| bottom | | | | | | | |

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Possibilities and Curiosities

Maybe we don't do this today... but what might you want to try someday? Would you like to try today? How will we ease into it?

| | |
|--------|--|
| Top | |
| Bottom | |

Accountability

Did all parties accurately represent their wants, desires, skills, and motivations for the scene to the best of their ability without the influence of the other party?

Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____

Do all parties agree **not** to re-negotiate mid-scene?

Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____

Do all parties agree that there will be aftercare provided for or arranged for the following day?
The following week?

Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____
Signed _____ Name: _____ Date: _____