

Pre-Shoot Checklist

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/back of this page to include comments.

Sexual Activity

Giving/Performing	Yes	No	Needs Discussion / Comments
Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blow Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Fucking / Rough Blow Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sucking dick after it cums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Giving/Performing	Yes	No	Needs Discussion / Comments
Anal penetration with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal penetration with fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analingus (rimming/ass licking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ass to mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double penetration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bareback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choking*	<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"/>
Humiliation/Name-calling*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* any shoot that involves these or other BDSM activities may wish to include the BDSM Checklist Addendum

Receiving/Bottoming	Yes	No	Needs Discussion / Comments
Blow Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Fucking / Rough Blow Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sucking dick after it cums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal penetration with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal penetration with fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analingus (rimming/ass licking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ass to mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving/Bottoming	Yes	No	Needs Discussion / Comments
Double penetration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bareback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choking*	<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"/>
Humiliation/Name-calling*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Fluid Exchange

Semen	Yes	No	Needs Discussion / Comments
Condoms required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen in mouth (shown on tongue)	<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"/>
Creampie (anal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spitting	Yes	No	Needs Discussion / Comments
On the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pissing	Yes	No	Needs Discussion / Comments
On the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the face and head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Notes

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