

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothespins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flogging / Whipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving/Experiencing	Yes	No	Needs Discussion / Comments
Spanking / Paddling	<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"/>
Caning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fondling / Tickling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gags / Oral Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced orgasm / Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical play (zapper/TENS/cattle prod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cock and ball torture (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mummification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sounding (inserting objects in urethra)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraints (rope/cuffs/tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water play (dunking/spraying/dripping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal humiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminization / Sissification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
	<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"/>

Performing	Yes	No	Needs Discussion / Comments
Foot worship (sucking/licking toes & feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal role play (“bark like a dog”, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 area is particularly low.

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

General Sensitivity	Strong	Medium	Low	No
Hair-pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-slapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pecs / Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butt cheeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottoms of feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck / Choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper back / Shoulders	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vagina	Strong	Medium	Low	No
Pubic mound / Mons pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outer labia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inner labia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clitoris / hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Penis	Strong	Medium	Low	No
Head (glans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balls (scrotum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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