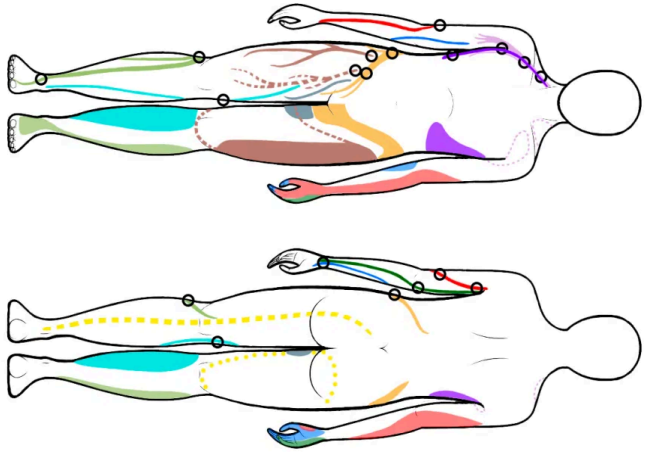
No Rope Zone and Injury Map

NOTE: colored zones are where nerves can cause compression damage.
Mark to indicate current or serious past injuries that the rigger should be aware of.



O = Exposed major nerves that are dangerous and need to be avoided.

Triggers: Do you have any triggers? **YES/NO**
What I may have to do if I accidently hit a trigger:

- ☐ *Give me space.*
- ☐ *Reassure me.*
- ☐ *Bring my mind to the present.*
- ☐ *I don't know what works.*
- ☐ *Other:*

MEDIA POLICY

1. Will photos or videos be permitted?
   a. *Which Device?* _____
   b. *Face shots?* *YES / NO*
   c. *Explicit shots?* *YES / NO*
   d. *Can they be shared?* *YES / NO*
   e. *If YES to sharing: where, how and will the media be appropriately credited?* _____

911 or **Emergency Contact**:
Name:_____ **#**_____

(Page 1: Fold in half so that sensitive information is protected)

Name _____ **Role taking for this tie** _____ **# Years Tying**____
TOP BOTTOM SWITCH
Name _____ **Role taking for this tie** _____ **# Years Tying**____
TOP BOTTOM SWITCH
Date: **Follow-up Date (Debrief):**_____

Shibari Why/How to Negotiate **Intensity Level ( )/10**

Seek first to understand and then be understood. Ask questions and genuinely listen to answers to understand their authentic motivations and boundaries.

*** NO MID-SCENE negotiations.**
*** You cannot consent in an altered state, drunk or high.**
If not a HELL YEAH before starting then the rigger shouldn't do it!
(You can ask to STOP, ADJUST or even REVOKE at any point)

Scene Safety:

- ☐ *Shears or Cutter (Not a Knife), Check to make sure rigger has it accessible*
- ☐ *First Aid Kit (At dojo by the bar)*
- ☐ *Spotter: If this is your 1st time tying with this person, get a spotter*
- ☐ JEWELRY: Please remove jewelry (place in a secure location) so nothing can get caught on the ropes.
- ☐ *Insulin pump or other medical device to be aware of?* _____
- ☐ ***NOTE: Do not tie under the influence. Rope is a risky activity.***

TIME LIMITS:

Safe Words (During Scene)

- **GREEN:** Everything is fine, and I am in a good place.
- YELLOW: I am in pain/uncomfortable and need to adjust or have a conversation. DO NOT continue until we resolve this issue.
- **RED: STOP!!!** I need OUT of the scene. I may need help or attention. **DO NOT CONTINUE!**

Shibari Things I Want

There are no right or wrong things to explore. This is about what you want, however you do not always get what you want.
Answer honestly. This is the beginning of the conversation.

NOTE: It is ok to be cautious with new partners. Circle and make notes of the things you want. CROSS OUT anything you DO NOT want/Hard limit!

Existing Medical Conditions (Physical/Mental)

I Understand Circulation and Nerve Safety; TOP: **Y/N** *BOTTOM:* **Y/N**

*Date of the latest Injury or Hospitalization:*_____

Past injuries or current limitations that impact BDSM play.

T (Top) or B (Bottom) has the following medical conditions/symptoms:

- ☐ Allergies
- ☐ Breathing Issues
- ☐ Chronic Pain
- ☐ Circulation
- ☐ Depression
- ☐ Diabetes
- ☐ Flexibility
- ☐ Heart Conditions
- ☐ Hyper Mobile
- ☐ Implants
- ☐ Inflammation
- ☐ Low Blood Sugar
- ☐ Menstrual
- ☐ Mobility
- ☐ STD's
- ☐ Nerve Sensitivity
- ☐ Seizures
- ☐ Other:

Medications I take: _____

Do any of the above endanger someone? Do you need a spotter while tying? Inform DM's before starting!!!!

Shibari: *Level of experience: (B) Beginner, (I) Intermediate, (A) Advanced*

Single Column	*Double Column*	*Simple Wraps*	*Arm Binder*
Chest Harness	*Hair Tie*	*Face Tie*	*Leg Binder*
Arms Front	*Arms Back*	*Box Tie-TK*	*Hip Harness*
Touching	Dominating Tie	Complex	Sensual Tie
Gag	Blindfold	Playful Tie	Pressure Points
Torture Tie	Body Harness	Ground Tie	Rope Leash
Restrictive Tie	Humiliating Tie	Open/Exposed	Compression
Experimental	Role Playing	Resistance Play	Sub-Space
Partial Suspen	CNC	Surrender	Underwear
Full Suspen	Challenging	Connective Tie	Fully Clothed

Feed Back (How did we enjoy the scene)?

Levels of intensity desired (L) Low, (M) Medium, (H) Hard

Impact Play:	**I prefer the intensity of ( )/10** Each	
Stingy	Heavy	Flogging
Thudding	Light	Canes
Whips	Paddles	Spanking

Sensation Play:	**I prefer the intensity of ( )/10** Each	
Tickling	Scratching	Hair Pulling
Biting	Nipples	Pressure Points
Playing with hair	Sensory Deprivation	Electricity
Licking	Mind Fucks	Cages
Orgasmic	NOTES:_____	

I want to feel:	**I prefer the intensity of ( )/10** Each	
Serious	Dominant	Playful
Bratty	Platonic	Masochistic
Sadistic	Erotic	Energetic
Peaceful	Beautiful	Overwhelmed
Degraded	Cathartic	Exhibitionistic
Zoned Out	Non-Sexual	Sexual (TALK MORE)

Marks

None	For Today	For The Week

Preferred Check-Ins: **How Many #:**

Verbal **Touch** **Pre-Negotiated Signals** **Traffic Lights**

After Care **(Immediately)**

0-5 mins	5-15 mins	15-60 mins	Cuddling
Conversation	Socialize	Next Day Follow-up	Let me be
-Water	Snack:_____		

Later After Care:

Based on intensity of scene this may be for both top and bottom

Next day? _____

After ride home?_____

Hard Limits:

_____