

Adult Performer Consent Checklist

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Performer TRAINING

Please read this document carefully and fill out all the requested areas. This document will define your boundaries for a given production. Please make sure that you fill out all the requested information and initial each of the pages. You should keep a copy of this document and give a copy to the director / head of production and it should be kept on file along with your 2257 documents and signed model release. If you need additional blank companies of this document you can get it at the performer.training website.

Performer Full Legal Name: _____

Stage Name For This Production: _____

Performer Date of Birth: _____

Performer Email Address: _____

Performer Phone Number: _____

Performer's Agent (If applicable) _____

Today's Date: _____

Date of Production: _____

Name of Director/Production Company: _____

For this production, you **agree** to perform on camera with:

- Men
- Women
- Transgendered

Performer Initials

Director Initials

For this production, please check which of the following activities you **DO AGREE** to:

- | | |
|--|---|
| <input type="checkbox"/> Oral Sex (Vaginal) | <input type="checkbox"/> Forced Orgasm or Orgasm Denial |
| <input type="checkbox"/> Oral Sex (Penis) Blowjob | <input type="checkbox"/> Interrogation Role Play |
| <input type="checkbox"/> Kissing on the mouth | <input type="checkbox"/> Humiliation Role Play (Verbal) |
| <input type="checkbox"/> Sex toys - Dildos | <input type="checkbox"/> Nipple Pinching |
| <input type="checkbox"/> Sex Toys - Vibrators | <input type="checkbox"/> Nipple Clamps |
| <input type="checkbox"/> Sex Toys - Whips | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Sex Toys - Other Bondage Related Toys | <input type="checkbox"/> Vaginal Stretching |
| <input type="checkbox"/> Girl on Girl Anal | <input type="checkbox"/> Gaping or Stretching of the Anus |
| <input type="checkbox"/> Anal Sex | <input type="checkbox"/> Sex Toys - Chastity |
| <input type="checkbox"/> Fingering of Anus | <input type="checkbox"/> Sex Toys - Cock Ring |
| <input type="checkbox"/> Fingering of Vagina | <input type="checkbox"/> Sex Toys - Ball Gag or other object in mouth |
| <input type="checkbox"/> Double Penetration – Vaginal + Anal | <input type="checkbox"/> Rough Sex |
| <input type="checkbox"/> Double Vaginal Penetration | <input type="checkbox"/> Facial Abuse |
| <input type="checkbox"/> Double Anal Penetration | <input type="checkbox"/> Slapping of breasts |
| <input type="checkbox"/> Light Bondage | <input type="checkbox"/> Slapping of face |
| <input type="checkbox"/> Hand Job | <input type="checkbox"/> Slapping of vagina |
| <input type="checkbox"/> Pegging | <input type="checkbox"/> Slapping of penis |
| <input type="checkbox"/> Group Sex (multiple men and women) | <input type="checkbox"/> Spanking of Buttocks |
| <input type="checkbox"/> Blow Bang | <input type="checkbox"/> Domination |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Submission |
| <input type="checkbox"/> Water Sports | <input type="checkbox"/> Wrestling (Girl/Girl) |
| <input type="checkbox"/> Squirting | <input type="checkbox"/> Pegging |
| <input type="checkbox"/> Breath Play / Choking | <input type="checkbox"/> Ass to Mouth with partner |
| <input type="checkbox"/> Spitting on face | <input type="checkbox"/> Ass to mouth your own |
| <input type="checkbox"/> Spitting on vaginal area | <input type="checkbox"/> Hands in mouth (fish hook) |
| <input type="checkbox"/> Spitting on penis | <input type="checkbox"/> Sucking of Toes |
| <input type="checkbox"/> Spitting on other body parts | <input type="checkbox"/> Pop Shot on Face |
| <input type="checkbox"/> Electro Stimulation | <input type="checkbox"/> Pop Shot in Mouth |
| <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Pop Shot internal Anal |
| <input type="checkbox"/> Fucking Machines | <input type="checkbox"/> Pop Shot internal Vaginal |

List ALL “No” activities, separated by commas - that you absolutely under no uncertain terms agree to:

Performer Initials

Director Initials

By signing this document, you understand that you have told the production manager and/or director these are the things **you do consent to**. Anything not checked off on this list are considered out of bounds and something you have not given your consent to.

Despite having signed this document, you have the ability to **stop any activity** at any time by using your predetermined **Safe Word**. If you use your safe word, you have the option to resume shooting after a discussion and the other performers and director **all** agree to resume.

You also have the option to end all shooting for the day and will be paid a prorated rate based on the amount of time you were at the shooting location. This will be payment of the percentage for the number of hours you spent on set to what you would have been paid for the entire day's shooting.

Signature: _____ Date: _____

Your Safe Word: _____

Performer Initials

Director Initials