

Scene Negotiation Sheet

OrionVerse - ToLoveAndPlay.Com v.1 2025

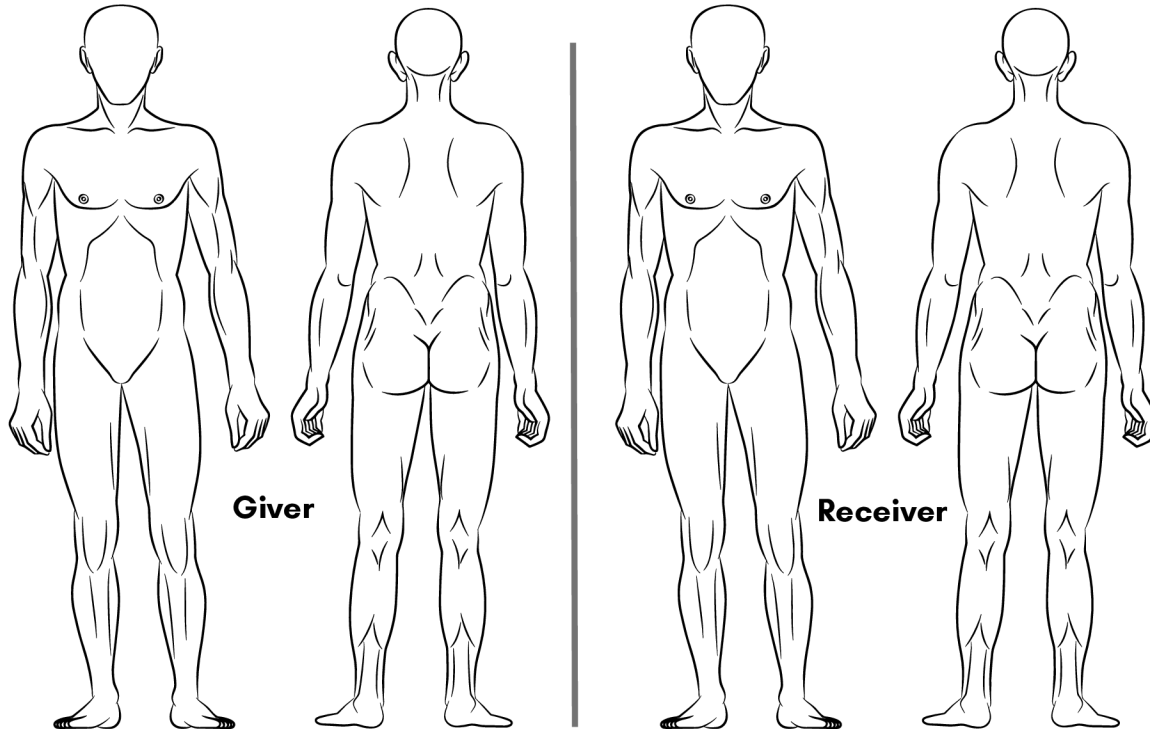
Personal Information

Name - _____ Name - _____ Date - _____
Emergency Contact - _____ Emergency Contact - _____
Relevant health information/Injuries? - _____

Touch Consent -

Will this scene include physical contact of any kind? - ☐ Yes ☐ No

Circle areas on the images you consent to contact with, scratch out areas you do not -



Hint: Different colored pens can help a lot on this form!

Do you both consent to sexual contact? - ☐ Yes ☐ No

If yes do you consent to - ☐ Chest contact ☐ Nipple contact ☐ Butt touching ☐ Oral touching ☐ Kissing
☐ Open mouth kissing ☐ Contact With External Genitalia ☐ Contact With Internal Genitalia ☐ Penetration
with object ☐ Penetration with hand/s ☐ Penetration with body ☐ Anal contact ☐ Anal penetration
☐ Sensual touch ☐ Self stimulation ☐ Touch from outside agreed upon party ☐ Other listed - _____

Will protection be used? - ☐ No ☐ Yes - ☐ Condom (external/internal) ☐ Dental dam ☐ Other _____

Please indicate any of the following that apply to either of you -

☐ Abdominal Pain ☐ Chlamydia ☐ Gonorrhea ☐ Hepatitis ☐ Herpes (Genital) ☐ Herpes (Oral) ☐ HIV/AIDS
☐ HPV ☐ PID ☐ Rash ☐ Sores ☐ Syphilis ☐ Other - _____

Date of last STD/STI Testing? - _____ Date of last STD/STI Testing? - _____

Is an orgasm expected (Recipient)? - ☐ Yes ☐ No Is an orgasm expected (Giver)? - ☐ Yes ☐ No

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Safety

Agreed on check ins (Include non-articulate signals such as tapping or dropping something) -

- Everything is good, keep going - _____
- Slow down/Check in - _____
- Stop everything immediately - _____

What safety materials are in place? (First aid, shears, ect) - _____

Have you checked play equipment/toys/ect for defects? - ☐ Yes ☐ No

Have you both had food and water recently? - ☐ Yes ☐ No

- **What are the hard limits?** - _____

Scene Information

Desired Intensity - ☐ Exploration ☐ Light ☐ Moderate ☐ Heavy ☐ Extreme

Scene Description - _____

How do you both want to feel? - _____

Will this include pain? - ☐ Yes ☐ No

If yes, what kind? - ☐ Impact ☐ Thuddy ☐ Stingy ☐ Rough Body Play ☐ Pressure points ☐ Electricity

☐ Broken Skin ☐ Biting ☐ Scratching ☐ Hair Pulling ☐ Needles ☐ Knives ☐ Cutting

☐ Other - _____

Will this include bondage? - ☐ Yes ☐ No

If yes, what kind/s? - ☐ Collar ☐ Leash ☐ Cuffs ☐ Rope ☐ Floor rope ☐ Suspension ☐ Blindfold ☐ Gags

☐ Limb restriction ☐ Full body immobilization ☐ Mental ☐ Other - _____

Words to be called/used, ☐☐ Giver/receiver -

<input type="checkbox"/> <input type="checkbox"/> Asshole	<input type="checkbox"/> <input type="checkbox"/> Cock	<input type="checkbox"/> <input type="checkbox"/> Disgusting	<input type="checkbox"/> <input type="checkbox"/> Good Boy	<input type="checkbox"/> <input type="checkbox"/> Master	<input type="checkbox"/> <input type="checkbox"/> Precious	<input type="checkbox"/> <input type="checkbox"/> Sissy
<input type="checkbox"/> <input type="checkbox"/> Babe	<input type="checkbox"/> <input type="checkbox"/> Cow	<input type="checkbox"/> <input type="checkbox"/> Dog	<input type="checkbox"/> <input type="checkbox"/> Good Girl	<input type="checkbox"/> <input type="checkbox"/> Ma'am	<input type="checkbox"/> <input type="checkbox"/> Pretty	<input type="checkbox"/> <input type="checkbox"/> Slave
<input type="checkbox"/> <input type="checkbox"/> Baby	<input type="checkbox"/> <input type="checkbox"/> Cuck	<input type="checkbox"/> <input type="checkbox"/> Doll	<input type="checkbox"/> <input type="checkbox"/> Handsome	<input type="checkbox"/> <input type="checkbox"/> Miss	<input type="checkbox"/> <input type="checkbox"/> Prince	<input type="checkbox"/> <input type="checkbox"/> Slut
<input type="checkbox"/> <input type="checkbox"/> Bad	<input type="checkbox"/> <input type="checkbox"/> Cumslut	<input type="checkbox"/> <input type="checkbox"/> Dumb	<input type="checkbox"/> <input type="checkbox"/> Hoe	<input type="checkbox"/> <input type="checkbox"/> Mommy	<input type="checkbox"/> <input type="checkbox"/> Princess	<input type="checkbox"/> <input type="checkbox"/> Stupid
<input type="checkbox"/> <input type="checkbox"/> Bad Boy	<input type="checkbox"/> <input type="checkbox"/> Cunt	<input type="checkbox"/> <input type="checkbox"/> Dyke	<input type="checkbox"/> <input type="checkbox"/> Hole	<input type="checkbox"/> <input type="checkbox"/> Naughty	<input type="checkbox"/> <input type="checkbox"/> Puppy	<input type="checkbox"/> <input type="checkbox"/> Sweetie
<input type="checkbox"/> <input type="checkbox"/> Bad Girl	<input type="checkbox"/> <input type="checkbox"/> Cuntboy	<input type="checkbox"/> <input type="checkbox"/> Faggot	<input type="checkbox"/> <input type="checkbox"/> It	<input type="checkbox"/> <input type="checkbox"/> Needy	<input type="checkbox"/> <input type="checkbox"/> Pussy	<input type="checkbox"/> <input type="checkbox"/> Thing
<input type="checkbox"/> <input type="checkbox"/> Beautiful	<input type="checkbox"/> <input type="checkbox"/> Daddy	<input type="checkbox"/> <input type="checkbox"/> Freak	<input type="checkbox"/> <input type="checkbox"/> King	<input type="checkbox"/> <input type="checkbox"/> Penis	<input type="checkbox"/> <input type="checkbox"/> Queer	<input type="checkbox"/> <input type="checkbox"/> Toy
<input type="checkbox"/> <input type="checkbox"/> Bitch	<input type="checkbox"/> <input type="checkbox"/> Darling	<input type="checkbox"/> <input type="checkbox"/> Fucker	<input type="checkbox"/> <input type="checkbox"/> Kitten	<input type="checkbox"/> <input type="checkbox"/> Pig	<input type="checkbox"/> <input type="checkbox"/> Queen	<input type="checkbox"/> <input type="checkbox"/> Trash
<input type="checkbox"/> <input type="checkbox"/> Bonus hole	<input type="checkbox"/> <input type="checkbox"/> Desperate	<input type="checkbox"/> <input type="checkbox"/> Fucktoy	<input type="checkbox"/> <input type="checkbox"/> Lazy	<input type="checkbox"/> <input type="checkbox"/> Pathetic	<input type="checkbox"/> <input type="checkbox"/> Sexy	<input type="checkbox"/> <input type="checkbox"/> Vagina
<input type="checkbox"/> <input type="checkbox"/> Boy	<input type="checkbox"/> <input type="checkbox"/> Dick	<input type="checkbox"/> <input type="checkbox"/> Girl	<input type="checkbox"/> <input type="checkbox"/> Little	<input type="checkbox"/> <input type="checkbox"/> Plaything	<input type="checkbox"/> <input type="checkbox"/> Silly	<input type="checkbox"/> <input type="checkbox"/> Worthless
<input type="checkbox"/> <input type="checkbox"/> Clit	<input type="checkbox"/> <input type="checkbox"/> Dirty	<input type="checkbox"/> <input type="checkbox"/> Good	<input type="checkbox"/> <input type="checkbox"/> Loser	<input type="checkbox"/> <input type="checkbox"/> Pony	<input type="checkbox"/> <input type="checkbox"/> Sir	<input type="checkbox"/> <input type="checkbox"/> Whore

Anything else? - _____