

Knotty Photos Consent Form

I _____ (Client's legal name) give consent to engaging in light BDSM practices for the purposes of a photo shoot with _____ (photographer) and _____ (Rigger/Dom). I recognize that exposure to potential grievous bodily harm and/or death is considered incidental during these activities.

I _____ (Rigger/Dom) give consent to engaging in BDSM practices with _____ (Client) and I recognize that I may expose the client to potential grievous bodily harm and/or death and this is considered incidental during these activities

Participants recognize that expressed consent to these activities does not protect them from litigation.

I (Client) recognize that certain types of bondage require the Rigger/Dom to come into contact with my body. Depending on what type of bondage is employed, this may require contact with breasts and/or genitals. I understand this will be discussed in advance and, if appropriate, I consent to being touched in this manner. _____ (Client initial).

I (Client) also consent to the following activities

I understand and agree that sexual intercourse, oral sex and unnecessary genital manipulation of any kind is NOT part of the photo session and CANNOT/WILL NOT be performed by the photographer or staff Rigger/Dom at any time during the photo shoot. _____ (Client initial) _____ (Rigger/Dom initial) _____ (photographer initial).

I, (Client) have been informed of potential risks of the activities that will take place during this photo shoot. I agree to report any discomfort, tingling or issues that take place while being restrained IMMEDIATELY. I recognize that certain medical conditions may increase my risks during some of these activities and that failure to report any serious medical conditions is a breach of consent. _____ (Client initial)

I, Client, have the following medical/special conditions (check all that apply):

Anemic/easily bruised

Anxiety

Asthma

Blood Borne Illnesses

Blood Pressure Issues

Broken Bones

Chronic pain and/or stiffness

Common cold/flu

Damageable cosmetics

Diabetes

Extreme sensitivity/tenderness

Fibromyalgia

Heart Attack History (specify)

Heart Condition (specify)

Implants (including IUD)

Joint problems

Medical device

Pace Maker

Pregnancy [or risk of]

Prosthetic limbs/joints

Seizures/Epilepsy

Special Discretion Requirements

STD/STI (specify)

Swelling

Urinary/Bowel Issues

Other:

In case of an emergency the following person will be discreetly contacted:

_____ (Client)

_____ (Rigger/Dom)

Signatures

_____ Client _____ Date

_____ Rigger/Dom _____ Date

_____ Photographer _____ Date