

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 (circle all that apply):

- | | |
|--------------------------------|---------------------------------|
| Anemic/easily bruised | Heart Condition |
| Anxiety | Implants (including IUD) |
| Asthma | Joint problems |
| Blood Borne Illnesses | Medical device |
| Blood Pressure Issues | Pace Maker |
| Broken Bones | Pregnancy [or risk of] |
| Chronic pain and/or stiffness | Prosthetic limbs/joints |
| Common cold/flu | Seizures/Epilepsy |
| Damageable cosmetics | Special Discretion Requirements |
| Diabetes | STD/STI (specify) _____ |
| Extreme sensitivity/tenderness | Swelling |
| Fibromyalgia | Urinary/Bowel Issues |
| Heart Attack History (specify) | Other: _____ |

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

_____ (Client)

_____ (Rigger/Dom)

Signatures

_____	Client	_____	Date
_____	Rigger/Dom	_____	Date
_____	Photographer	_____	Date