

**Downloadable Session Application - PROTECT ONCE COMPLETED**

YOUR REAL NAME:

DATE OF BIRTH:

EMAIL:

TELEPHONE (pleased include a tick if you are happy to receive calls & texts, or a cross if not):

EMERGENCY CONTACT INFORMATION (where to find it, if they know about your BDSM interest or not - if not I can give a plausible reason for why in an emergency only I'm calling):

YOUR BDSM INTERESTS - the fetishes/kinks you enjoy:

WHAT ARE YOUR SOFT LIMITS - the fetishes/kinks you don't enjoy but will endure:

WHAT ARE YOUR HARD LIMITS - such as you don't want marks, no blood, or whatever is a don't do for you:

WHAT HEALTH ISSUES OR LIMITATIONS DO YOU HAVE:

DETAILS OF ANY AND ALL MEDICATIONS YOU ARE TAKING:

DETAILS OF ANY AND ALL KNOWN ALLERGIES:

ANY ADDITIONAL RELEVANT INFORMATION: