

# Negotiation Form - Long

by Jay Wiseman

from "SM 101: A Realistic Introduction"

**Overview: A good, basic SM negotiation should cover 16 points. (Negotiation form & details start on page 3)**

**1. The people involved.** Who will take part? How much experience do they have with the activities proposed? Who, if anybody, will watch?

**2. Roles.** Who will be dominant? Who will be submissive? Any chance of switching roles? Will the participants be acting out a particular fantasy such as teacher/schoolchild, pirate/captive, or owner/dog?

Is there clear agreement by the submissive to obey, within limits, the dominant's orders? Can the dominant "overpower" the submissive? "Force" them to do something? What about verbal resistance? Physical resistance? May the submissive try to "turn the tables" on the dominant? Will the submissive agree to wear a collar? Will they agree to address the dominant as "Master," "Mistress," or some similar term?

**3. Place.** Where will the session occur? Who will ensure privacy? (Usually the dominant.)

**4. Time.** When will the session begin? How long will it last? How will its beginning and end be signaled? Who will keep track of time? (Again, usually the dominant.)

Note: Unless deliberately built into the play, a clock visible to the submissive often detracts from the scene's energy.

**5. Oops!** SM play is always somewhat unpredictable. No matter how carefully you negotiate and plan, accidents, misperceptions, miscommunications, and sometimes unintentional injuries will occasionally happen. Therefore, it's a good idea to talk about these matters ahead of time, discussing how you will handle them and how you will treat each other if they do occur. It's important to agree that both parties are negotiating and playing in good faith, and that any mishaps will be discussed in a constructive, non-blaming way.

**6. Limits.** This mainly involves the submissive's physical and emotional limits. Do they have any relevant health problems such as a heart condition, high blood pressure, or epilepsy? Are they wearing glasses or, especially, contact lenses? How well do they see without them? Do they have any physical limitations? I would hesitate, for example, to tie someone with their arms stretched tightly overhead if they have a history of a dislocated shoulder. Any history of plastic surgery? (You don't want to deliver strong whip strokes to breasts that contain implants.)

Any history of back surgery, joint surgery, sprained ankles, neck injury, joint disorders, arthritis, etc.? Any other range-of-motion limits?

The submissive *must* be completely honest with their dominant about limits. Some submissives conceal information because they may feel embarrassed or fear that revealing it may cause the dominant to decide not to play with them. This is stupid. While revealing the information may indeed cause a dominant to cancel a session, withholding it may cause a disaster.

Emotional limits: Any known phobias or other emotional hotspots? Any "real life" incidents in their past that might come up? Note: Both players should understand that SM play has a small but distinct chance of touching an unknown emotional hot spot in either player.

**7. Sex.** It's crucial to agree clearly and specifically, *before* beginning the session, about exactly what kind of conventional sexual contact, if any, is mutually acceptable. What about masturbation? Cunnilingus? Fellatio? Swallowing semen? Analingus? Vaginal intercourse? Anal intercourse? Condoms? Birth control precautions? Does either person have herpes? Has either tested positive for the AIDS virus? Keep in mind that not everybody agrees on the definition of "safer sex practices"; before you begin your session, make sure you are in agreement regarding which activities will involve a barrier and which will not.

Don't act shy or squeamish on this point. The negotiations on conventional sex absolutely *must* be clear and agreed upon before going further. Failure to make sure of this point, or going into the session "hoping for the best," can set the stage for a very frustrating session -- as I have learned from experience.

**8. Intoxicants.** Don't play if either of you is seriously drunk or stoned. Particularly avoid drugs that make the submissive insensitive to pain or that impair the dominant's judgment or coordination. (SM often has a potent, drug-like effect on many people. It needs little outside help.)

**9. Bondage.** Who will be tied up? To what extent? (Some submissives allow a new dominant to bind them, but don't allow the dominant to tie them to something such as a bed or chair.) What about blindfolds? Gags? Hoods? Does the submissive have a history of claustrophobia? Have they been bound, gagged, blindfolded, or hooded before? How did they react?

**10. Pain.** How does the submissive feel about receiving pain? Can they be spanked? Paddled? Whipped? Slapped? What about nipple clamps? Genital clamps? Clamps elsewhere? How about hot creams? Ice? Anything else painful? Some submissives cheerfully admit they are "pain sluts." Others hate receiving pain, but will endure it if doing so pleases their dominant.

**11. Marks.** Will it cause the submissive problems if the session leaves marks? (Whipping is likely to mark.) Do they know from experience how easily they mark? Do they understand it might be difficult to tell whether a given activity is marking them? Do they care if an activity draws small amounts of blood? If it's crucial that the submissive not be marked, then it's probably best to avoid spanking, whipping, clamping, pinching, and so forth.

(Note: Sometimes marks not normally visible can be "brought to the surface" by a hot shower. This can happen up to several days after the session.)

**12. Humiliation.** This can include "verbal abuse," forced exhibitionism, water sports (peeing on the submissive), enemas, slapping the face, spitting, and scat (feces) games. Does the submissive have any experience in these areas? What was their reaction? Are they curious? Are these areas definite turn-offs?

**13. Safewords.** Audible: Yellow (slow down & check in non-urgently) & Red (Stop & check in to verify needs.)

Inaudible: clicker/handkerchief/finger snap – Check-in

Inaudible: Single squeeze – good;

Double squeeze – check-in;

Inability to squeeze/Hard Squeeze or rapid squeezing is immediate stop & check-in and back-out

**14. Opportunities.** Is there anything either person has wanted to try but not had a reasonable opportunity to experience? Is there anything they feel curious about? Does either have unique talents or skills to offer?

**15. Follow-up.** What arrangements can be made for the two people to spend "straight time" together immediately after the session? What about follow up contact the next day? A week later? If a crisis occurs?

**16. Anything Else?** Is there anything else to discuss or negotiate about before beginning?

**People:**

Who will take part?

Who will watch?

Note: The session will involve only those people specifically named above.

Will any permanent record be made of the session (photographs, audiotapes or videotapes)?

Yes  No

Explanation

**Roles:**

Who will be dominant?

Who will be submissive?

Type of scene:

master/slave                     mistress/slave                     captive  
 servant/butler/Etc.    cross-dressing/gender play  
 age play                             animal play                         shibari  
 other \_\_\_\_\_

Any chance of switching roles?                     Yes  No

Explanation:

Will the submissive promptly obey?                     Yes  No

Explanation:

May the dominant "overpower" or "force" the submissive?  Yes  No

Explanation:

May the submissive verbally resist?                     Yes  No

Explanation:

May the submissive physically resist?                     Yes  No

Explanation:

Does resistance equal a "strong yellow"?  Yes  No

Explanation:

May the submissive try to "turn the tables"?                     Yes  No

Explanation:

Does the submissive agree to wear a collar?                     Yes  No

Explanation:

The submissive agrees to address the dominant by the following title(s):

**Place**

Location:

Who will ensure privacy?

## **Time**

Begin at:

Length:

Beginning signal:

Ending signal:

Who will keep track of time?

## **Oops**

Does everybody involved understand that there is some risk of accident, miscommunication, misperception and/or unintentional injury?

Yes  No

Does everybody involved agree to discuss any mishaps in a constructive and non-blaming manner?

Yes  No

## **Limits**

### ***Submissive's limits***

Submissive's physical/emotional/SM activity limits:

Any problems with the submissive's...

heart  Yes  No

lungs  Yes  No

neck/back/bones/joints  Yes  No

kidneys  Yes  No

nervous system/mental  Yes  No

liver  Yes  No

Explanation:

Is the submissive wearing contact lenses?  Yes  No

Does the submissive suffer from carpal tunnel syndrome or related problems?  Yes  No

Does the submissive have a history of...

seizures:  Yes  No

asthma:  Yes  No

diabetes:  Yes  No

dizzy spells:  Yes  No

fainting:  Yes  No

hyperventilation attacks:  Yes  No

high or low blood pressure:  Yes  No

Describe any phobias:

Submissive's other medical conditions:

Any surgical implants (breast, face, etc.)?  Yes  No  
Explanation:

Is the submissive taking aspirin?  Yes  No  
Is the submissive taking ibuprofen, Aleve, or other non-steroidal, anti-inflammatory drugs?  Yes  No  
Is the submissive taking antihistamines?  Yes  No

Other medications submissive is taking:

Allergic to: latex:  Yes  No

bandage tape:  Yes  No nonoxynol-9:  Yes  No

Other allergies:

In case of emergency notify:

**Dominant's Limits**

Dominant's physical/emotional/SM activity limits:

Any problems with the dominant's...

heart  Yes  No lungs  Yes  No kidneys  Yes  No  
neck/back/bones/joints  Yes  No liver  Yes  No  
nervous system/mental  Yes  No  
Explanation:

Dominant's other medical conditions:

Medications dominant is taking:

In case of emergency notify:

Is the dominant currently certified in First Aid/CPR?  Yes  No

**Safety gear on hand:**

paramedic scissors:  Yes  No flashlight:  Yes  No  
first aid kit:  Yes  No blackout light:  Yes  No  
fire extinguisher:  Yes  No

Will the play be in an isolated area such as a farmhouse?  Yes  No  
If yes, what will ensure the submissive's safety if the dominant becomes unconscious?

no bondage to chair, bed, etc.:  Yes  No  
no gag:  Yes  No  
silent alarm:  Yes  No  
third person present:  Yes  No  
telephone/radio/panic button within submissive's reach:  Yes  No

Other:

## Sex

Does any participant believe they might have a sexually transmitted disease?     Yes  No

Explanation:

Does any participant believe they might have herpes?     Yes  No

Explanation:

Have participants been tested for HIV?     Yes  No

Has any participant tested positive?     Yes  No

Explanation:

Circle which of the following sexual acts are acceptable:

Masturbation

dominant to submissive                       submissive to dominant

self-masturbation by submissive     self-masturbation by dominant

Fellatio

dominant to submissive               submissive to dominant

Cunnilingus

dominant to submissive               submissive to dominant

Analingus

dominant to submissive     submissive to dominant

Anal fisting

dominant to submissive     submissive to dominant

Vaginal fisting

dominant to submissive     submissive to dominant

Vaginal intercourse

dominant to submissive     submissive to dominant

Anal intercourse

dominant to submissive     submissive to dominant

Is swallowing semen acceptable?     Yes  No

Is any participant menstruating?     Yes  No

Will sex toys such as vibrators, dildoes, butt plugs, etc. be used?

Yes  No

Describe:

Which of the above activities will involve birth control pills, diaphragms, spermicidal suppositories, lubricants containing nonoxynol-9, or contraceptive foam/suppositories/gel?

Which of the above activities will involve condoms, gloves, dental dams, and/or other barriers?

## **Intoxicants**

The dominant can use (only) the following intoxicants during the session:

Acceptable quantity:

The submissive can use (only) the following intoxicants during the session:

Acceptable quantity:

## **Bondage**

The submissive agrees to allow (only) the following types of bondage:

hands in front:  Yes  No  
hands behind back:  Yes  No  
ankles:  Yes  No  
knees:  Yes  No  
elbows:  Yes  No  
wrists to ankles (hog-tie):  Yes  No  
spreader bars:  Yes  No  
tied to chair:  Yes  No  
tied to bed:  Yes  No  
use of blindfold:  Yes  No  
use of gag:  Yes  No  
use of hood:  Yes  No  
use of rope:  Yes  No  
use of tape:  Yes  No  
suspension:  Yes  No  
use of leather cuffs:  Yes  No  
use of handcuffs/metal restraints:  Yes  No  
mummification with plastic wrap, body bag, or similar techniques:   
Yes  No

Any past bad experiences by either person with bondage, gags, blindfolds, and/or hoods?:  Yes  No

Explanation:

## **Pain**

Submissive's general attitude about receiving pain:  
 likes  accepts  neutral  dislikes  will not accept

Quantity of pain submissive wants to receive:  
 none  small  average  large

Explanation:

Dominant's general attitude about giving pain:  
 likes  gives  neutral  dislikes  will not give

Quantity of pain dominant wants to give:  
 none  small  average  large  
Explanation:

Will the "now" technique be used?  
 Yes  No  
Explanation:

Will the "nod" technique be used?  
 Yes  No

Explanation:

Will the "one to ten" technique be used?  
Will the "now" technique be used?  
 Yes  No  
Explanation:

The following types of pain are acceptable:

spanking:  Yes  No  
paddling:  Yes  No  
flogging:  Yes  No  
whipping:  Yes  No  
caning:  Yes  No  
face slaps:  Yes  No  
biting:  Yes  No  
hot creams:  Yes  No  
ice:  Yes  No  
hot wax:  Yes  No  
tickling:  Yes  No  
nipple clamps:  Yes  No  
genital clamps:  Yes  No  
clamps elsewhere:  Yes  No - locations:

Other types/methods of pain:

Additional remarks:

## **Marks**

Is it acceptable to the submissive if the play leaves marks?  
 Yes  No  
Visible while wearing street clothes?  Yes  No  
Visible while wearing a bathing suit?  Yes  No

Other:

Is it acceptable to the submissive is the play draws small amounts of  
blood?  Yes  No

Explanation:



How easy or difficult has it been to mark the submissive in the past?

## **Erotic Humiliation**

The submissive agrees to accept being referred to by the following terms:

The submissive agrees to the following forms of erotic humiliation:

"verbal abuse":  Yes  No  
enemas:  Yes  No  
spitting:  Yes  No  
scat games:  Yes  No  
water sports:  Yes  No  
forced exhibitionism:  Yes  No

other:

Any prior really good or really bad experiences in these areas?

## **Safewords**

Safeword #1 and its meaning:

Safeword #2 and its meaning:

Safeword #3 and its meaning:

Non-verbal safewords and their meaning:

Will "two squeezes" be used?  Yes  No  
Will the "extended hand" technique be used?  Yes  No

## **Opportunities/Special Skills**

Anything in particular either party would like to try or explore?

## **Follow-Up**

(Please include a note about who will initiate contacts.)

After the session:

The next day:

A week later:

In case of a crisis:

### **Anything Else?**

What will become of this form after the session?

### **Post-session notes**

#### *Dominant*

- Overall feeling: one to ten scale (ten tops)
- Best part: one to ten scale
- Worst part: one to ten scale
- Other comments:

#### *Submissive*

- Overall feeling: one to ten scale (ten tops)
- Best part: one to ten scale
- Worst part: one to ten scale
- Other comments: