**RACK – Risk Aware Consensual Kink**

*This form is to ensure you have a fun but also safe experience. Please fill this form with honesty. Any information shared hereunder is treated with utmost confidentiality and will never be disclosed to a 3rd party.*

|  |  |
| --- | --- |
| Client Code (leave blank/admin use) |  |
| Pet Name |  |
| Contact number (if applicable) |  |
| FL Username (if applicable) |  |
| Telegram Handle (if applicable) |  |

|  |  |
| --- | --- |
| Any adverse health conditions? |  |
| Any allergies?(Do you use an Epipen?) |  |
| Any medication you need to carry with you? (insulin etc.) |  |
| Any anxiety or claustrophobia? |  |
| Any known heart, circulation, nervous system problems? |  |

|  |  |
| --- | --- |
| Desired Fantasies, Fetishes and Kinks |  |
| Boundaries to push/ things to learn/ train |  |
| Soft Limits |  |
| Hard Limits |  |
| I’m ok with having marks on my body that last over 2 days (bruises, scratches..) |  Agree Disagree |
|  I’m ok with having superficial marks on my body that may last up to 2 days (redness from impact or friction) |  Agree Disagree |