

# RPG Consent Form

Player Name:

Dm Name/Campaign:

Character Name(Optional):

---

This section explains how this form works! In terms of the options given to consent to the different aspects of the game, we will be using a **GREEN/YELLOW/RED** scale. Choosing **GREEN** indicates that you are okay interacting with this aspect of the game, and have no problems hearing about it. Choosing **YELLOW** indicates that you would be okay interacting with this aspect of the game if you are given adequate warning ahead of time and mental space to prepare before interacting with the content (for example, a warning at the beginning of the session or before the content becomes immediately relevant). Choosing **RED** indicates that you are not at all okay with interacting with this aspect of the game, and do not want to hear about it under any circumstance. Please read this question as many times as it takes to understand the **GREEN/YELLOW/RED** system of consent, and when you feel you understand it comfortably please check the box below and continue to the rest of the form.

Yes, I understand the Green/Yellow/Red system of consent.

Remember, regardless of what you put on this form, you are allowed and encouraged to withdraw consent from any interaction at the table for any reason (or even no reason at all) if you no longer feel comfortable or safe interacting with that content. Your priority and your GM's priority should be to make a story that takes into account the comfort and safety of all parties involved. The point of running an rpg is to have fun, and if you're not having fun then it's important for you to speak up. You are also allowed and encouraged to edit your answers on this form and share new and updated copies with the appropriate parties as often as you need, whether that be once a campaign or before or after every single session.

I understand that I am allowed and encouraged to give or withdraw consent at the table if I am feeling unsafe or upset, regardless of my current or past answers on this form.

**Please Note: This form is not intended to be the only discussion a table has about consent or the only consent tool used at a table. Talk to your GM and other players before running content to help define exactly where boundaries may lie, what kind of content you expect to encounter, and define the terms on this form in a way that works for your table.**

---

In terms of **HORROR**, I am comfortable interacting with...

	Green	Yellow	Red
Amnesia/Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animalistic Behavior/Going "Feral"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beastiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Eaten Alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Horror (Minor to Moderate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Horror (Moderate to Severe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Fluids (Excluding Blood) (Bile/Vomit, Spinal Fluid, Pus, Breast Milk, Sexual Fluids, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bugs and Insects (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannibalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cults or Cult-like Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dolls/Puppets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doppelgangers/Being replaced with a copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyeballs/Eye trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ghosts/Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gore/Guts
Hallucinations
Hand/Fingernail Trauma
Harm to Children
Harm to Animals
Human/Ritual Sacrifice
Medical Experimentation
Neck and Throat Trauma
Necromancy/The Undead/Zombies
Non-Consensual Body Modification
Possession
Rats
Religious Trauma/Demons
Sensory Loss (Sight, Hearing, Touch, Taste, Smell)
Small/Enclosed Spaces
Snakes
Spiders
Stalking
Tendon/Nerve Injuries
Torture (Physical)
Torture (Psychological)

Green

Yellow

Red

Are there any other Horror tropes not listed above that you do/do not consent to discussing? If so, please list them and your level of consent (green, yellow, red) below. If none, please put N/A

In terms of **ROMANCE**, I am comfortable with interactions that include...

	Green	Yellow	Red
Only NPCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCs and NPCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only PCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fade to black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some description (non-sexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit description (non-sexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other information you feel the need to share pertaining to Romance at the table? Feel free to be as detailed as you need. If none, please put N/A

---

In terms of **SEX**, I am comfortable with interactions that include...

	Green	Yellow	Red
Sex between PCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex between PCs and NPCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex between NPCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fade to Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some description (non-explicit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of NPC's Kinks or Fetishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of PC's Kinks or Fetishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussions of sexual bondage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussions of non-sexual bondage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are okay with discussion of some kinks or fetishes but not others, please mark **YELLOW** on the above related questions and list the kinks or fetishes you are **NOT OKAY** with discussing down below. If none, please put **N/A**

Is there any other information you feel the need to share pertaining to sex at the table? Feel free to be as detailed as you need. If none, please put N/A

---

In terms of **SOCIAL AND POLITICAL ISSUES**, I am comfortable interacting with...

	Green	Yellow	Red
Ableism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ageism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apocalypse/Impending disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genocide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plague/Pandemic/Global disease epidemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Brutality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Execution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Green	Yellow	Red
Racism (Fantasy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism (Real)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape/Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real World Events (or aspects of a game based off of Real World Events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion (Fantasy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion (Real)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Extremism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slavery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Cultural Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xenophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other social or political issues not listed above that you do/do not consent to discussing? If so, please list them and your level of consent (green, yellow, red) below. If none, please put N/A

---

In terms of **MENTAL AND PHYSICAL HEALTH ISSUES**, I am comfortable interacting with...

	Green	Yellow	Red
Alcohol Abuse/Addiction Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autoimmune diseases (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning/Death by Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer or similar diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing to death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaslighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief/Mourning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnotism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mind control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Necrosis/Rotting Flesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parasites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Green	Yellow	Red
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison and the after-effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis or Psychotic Breakdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starvation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse/Addiction Issues (excluding Alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transphobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other mental or physical health issues not listed above that you do/do not consent to discussing? If so, please list them and your level of consent (green, yellow, red) below. If none, please put N/A

---

Are there any issues not listed in any of the above categories above that you do/do not consent to discussing? If so, please list them and your level of consent (green, yellow, red) below. If none, please put N/A