

RPG CONSENT CHECKLIST

GM Name: _____

Player Name: (or leave blank) _____

Planned Game Theme: _____

If this game were a movie, its movie rating would be: G PG PG-13 R NC-17 Other: _____

Mark the color that best illustrates your comfort level with the following plot or story elements.

☐ **Green** = Enthusiastic consent; bring it on!

☐ **Yellow** = Okay if veiled or offstage; might be okay onstage but requires discussion ahead of time; uncertain.

☐ **Red** = Hard line; do not include.

HORROR.....

| | G | Y | R |
|------------------------|--------------------------|--------------------------|--------------------------|
| Bugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyeballs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RELATIONSHIPS.....

| | G | Y | R |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Romance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fade to black | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explicit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between PCs and NPCs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between PCs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fade to Black..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explicit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between PCs and NPCs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Between PCs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOCIAL AND CULTURAL ISSUES.....

| | G | Y | R |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Homophobia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Racism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Real-world religion..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific cultural issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MENTAL AND PHYSICAL HEALTH.....

| | G | Y | R |
|---|--------------------------|--------------------------|--------------------------|
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Claustrophobia | <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"/> |
| Genocide..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heatstroke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural disasters (earthquakes, forest fires) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paralysis/physical restraint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Police, police aggression..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnancy, miscarriage, or abortion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-harm..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe weather (hurricanes, tornados) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Starvation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terrorism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Torture..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thirst | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL TOPICS

| | G | Y | R |
|-------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you want the GM to follow up with you to clarify any of these responses? If so, which ones?