

# 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.....

	<b>G</b>	<b>Y</b>	<b>R</b>
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.....

	<b>G</b>	<b>Y</b>	<b>R</b>
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.....

	<b>G</b>	<b>Y</b>	<b>R</b>
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.....

	<b>G</b>	<b>Y</b>	<b>R</b>
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

	<b>G</b>	<b>Y</b>	<b>R</b>
.....	<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?