

RPG CONSENT CHECKLIST

GM Name: Ryan

Player Name: (or leave blank) _____

Planned Game Theme: SPACE!

If this game were a movie, its movie rating would be: G PG PG-13 R NC-17 Other: MA15+ - This is Australia

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyeballs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to animals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harm to children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fade to black	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs and NPCs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fade to Black	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Between PCs and NPCs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Between PCs	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real-world religion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific cultural issues	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing to death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaslighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genocide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heatstroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural disasters (earthquakes, forest fires)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis/physical restraint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police, police aggression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy, miscarriage, or abortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Severe weather (hurricanes, tornados)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Starvation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirst	<input checked="" 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"/>

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?