



# Sexual Consent Form

## Department of Health United Kingdom



**I hereby attest that I am over the age of 18**  
*Leaving this box empty renders the rest of the form void*

### Part 1: Participants

<u>Participant:</u>	<u>Partner:</u>	<u>Additional Partners:</u>
First name: _____	First name: _____	First name(s): _____
Surname: _____	Surname: _____	Surname(s): _____
Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>

### Part 2: Sexual activities

**I hereby consent to participating in the the following activities (check boxes):**

	Yes	No	N/A		Yes	No	N/A
Kissing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schlorp butthole:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting (gently):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lick n touch nipotles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting (hard):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch nipples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touching my penis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pull on the hairs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touching my vagoo:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choke the bitch!!!:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lick & suck pjotr (pls yes):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Petrus penetrate Pjussert:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger in foofoo:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REALLY hard:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger in peehole (pls no):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Butt action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licke that pussy ;) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Object in puss:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch boobers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cum all on face n mouth:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juggle balls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sperm into the pussy ooO:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 3: Intoxication, safety and contraception

- I hereby attest that I am sober while completing this form**
- I certify that my consent carries over to any intoxicated state immediately following the signing of this form**
- I do not have any disgusting fucking STDs (if you do pls leave wtf is wrong with you why did you even get this far into the form srsly)**

Contraception to be used: \_\_\_\_\_

Any allergies? Latex? Whipped cream? Confess: \_\_\_\_\_

**I hereby PINKY FUCKING PROMISE I will not keep any accidental babies**

### Part 4: Signatures

<u>Participant:</u>	<u>Partner:</u>	<u>Additional Partners:</u>
Signature: _____	Signature: _____	Signature: _____
Date (DD/MM/YY): __/__/__	Date (DD/MM/YY): __/__/__	Date (DD/MM/YY): __/__/__

