

SACRAL MEMBERS' CONSENT AGREEMENT

Thanks for joining Sacral! Please note: It can take up to 1 week to process new memberships, please ensure your email address on this form is correct so we can email you login instructions once your membership is processed.

First Name: _____ Last Name: _____

Legal name (if different): _____ Scene Name: _____

Email Address: _____ Partners Name _____

We may send you periodic announcements for events via your email address. _____ (initial to opt out)

Street Address (will not be used for mailing): _____

City: _____ State: _____ Zip Code: _____ DOB: _____

Please INITIAL below.

_____ I am an adult at least 21 years of age, and I understand valid photo ID showing birth date is required to gain admittance and to remain on the premises.

_____ I understand that I may be asked to leave the premises for failure to abide by these rules and agreements.

_____ I understand that a STD test is required for each member before an event. (STD TESTS ARE REQUIRED FOR EVENT ONLY)

_____ I understand that failure to abide by these rules and agreements may result in loss of membership.

_____ I understand that if I don't enter the club with my Significant other or Spouse, I will be required to pay the (SINGLE) entry price.

_____ I am aware of the nature of these events. I am not offended by the nature of this organization, I am attending of my own free will and for my own personal interest, and I understand that I am free to leave at any time.

_____ I agree that all activities I engage in on the premises or at offsite events will be done with the full and informed consent of all persons involved.

_____ I am not acting in the capacity of, as a member of, or under the direction of, any media, law enforcement or postal agency. I am not attending any of these events for the purpose of entrapment or to gather information and/or testimony that would lead to (or further) the arrest, prosecution, or defamation of the organizers of these events, the owners of the premises, or any individual attending these events.

_____ I understand that Sacral reserves the right to modify this agreement as deemed necessary. Any substantive changes will be announced and posted in plain sight on the premises. I understand that I may not receive personal communication regarding these changes.

_____ I understand that Sacral reserves the right to refuse service or terminate membership at any time. I understand that I will be notified of a termination of my membership via email or personal contact and that my Membership dues are not refundable.

By signing below, I certify that I have read, fully understand, and agree to all the paragraphs, as well as the documents referred to in this agreement. Please read this document carefully and completely before signing.

Signature of Participant _____ Date _____

STAFF USE ONLY

Legal ID Type: _____ Issued By: _____ Number: _____

Exp.: _____ DOB: _____ Date: _____

Staff Name: _____ Date: _____

Our Privacy Statement

Information Collection, Use, and Sharing: We are the sole owners of the information collected on this form. We only have access to/collect information that you voluntarily give us. We will not share, sell, or rent this information to anyone without your express consent.

Security: We take precautions to protect your information. Only employees and volunteers who need the information to perform a specific job for example, billing or customer service) are granted access to personally identifiable information. (11/21/2025)