SACRAL
GROUP CONSENT FORM

Please read this document carefully and completely before signing. 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.

Legal name (Please Print): First: _____ Last: _____

Preferred Name or Scene Name: _____

Email Address: _____
We will send you periodic announcements for Center events via your email address. _____ (initial to opt out)

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

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

How did you hear about us? ____Friend ____Print Media ____Internet ____Foundation Event

Reciprocal Organization: _____ Other: _____

You must add all active members' ID numbers.

Lead Group Member Signature (if applicable): _____

Lead Member ID # _____

Member ID # _____, Member Signature (if applicable): _____

Member ID # _____, Member Signature (if applicable): _____

Member ID # _____, Member Signature (if applicable): _____

I understand that I am responsible for the behavior of my group and agree to inform my group of any applicable rules and guidelines for conduct.

(Please INITIAL below)

_____ I understand that I will need to apply the group consent form each event.

_____ I understand that a STD test is required for each group member before the event. (STD TEST ARE REQUIRED FOR EACH GROUP EVENT ONLY)

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

_____ I have been provided with and have read **Sacral Essential House Rules** and agree to abide by those rules.

_____ I understand that **certain activities are prohibited or restricted and** are listed in the section of the above document titled **Prohibited and Restricted** Activities**. I understand that these activities include:**

Prohibited Activities:

Fire Play, Fire Cupping, and Candle-Wax Play
Solid state power supply electrical "wands"
Significant oxygen deprivation
Intentional significant carotid artery compression
Piss and Scat Play

Restricted Activities: (Event Coordinator Permission Required)

Suspension
Blood Play
Knife Play
Takedown Resistance or "Forced" Sex Play
Loud, potentially disruptive, or potentially messy scenes

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

_____ 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,** testimony **law** that **enforcement,** would lead **or** to **postal** (or further) **agency.** then I am arrested, not attending prosecution, any or of these events for the purpose of entrapment or to gather information and/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, I** may not receive personal communication regarding this agreement as deemed necessary. Any substantive changes will be announced and posted in plain sight on the premises. I understand those changes.

_____ I understand that Sacral reserves the **right to refuse service** at any time.

Signature: _____ ***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.

2/08/2023

STAFF USE ONLY

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

Exp.: _____ DOB: _____ Date: _____ Staff Name: _____