

# BDSM Session Contract

Long Form

## People

The following person(s) will participate in the session:

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The following person(s) will observe or support the session / production:

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*Note: The session will involve only those persons specifically named above. One copy of this form will be completed by each of the participants named above and a copy filed along with two copies of legal proof of age identification with Custodian of Records as indicated below.*

## Time

The session will begin at \_\_\_\_ : \_\_\_\_ am pm \_\_\_\_ \_\_\_\_\_, 20 \_\_\_\_, or as soon thereafter as all participants are assembled, ready and all necessary preparations are complete.

Estimated Duration: \_\_\_\_\_ Timekeeper: \_\_\_\_\_

Start Signal: \_\_\_\_\_ End Signal: \_\_\_\_\_

The session will end at or not later than \_\_\_\_ : \_\_\_\_ am pm \_\_\_\_ \_\_\_\_\_, 20 \_\_\_\_

## Location

The session will be enacted in or around the following location(s):

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Public Visibility Level:

- |   |  |
|---|--|
| <input type="checkbox"/> None <i>No direct line of sight available</i>  | <input type="checkbox"/> Partial <i>Visibility possible but unlikely</i> |
| <input type="checkbox"/> Secluded <i>Obscured by walls, brush, etc.</i> | <input type="checkbox"/> Full <i>Visibility both possible and likely</i> |

Measures undertaken to ensure privacy:

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## Safety

Is one or more person(s) First Aid / CPR certified?  Yes  No

Safety gear on hand:

- |   |  |
|---|--|
| <input type="checkbox"/> Paramedic scissors | <input type="checkbox"/> Blackout Light    |
| <input type="checkbox"/> Flashlight         | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> First Aid kit      | <input type="checkbox"/> Other: _____      |

Precautions to ensure submissive's safety should Dominant become unconscious:

- |   |  |
|---|--|
| <input type="checkbox"/> Not bound to fixed objects | <input type="checkbox"/> Third person present                  |
| <input type="checkbox"/> Silent alarm               | <input type="checkbox"/> Telephone / panic button within reach |
| <input type="checkbox"/> No gag                     | <input type="checkbox"/> Other: _____                          |

## Recording

The following use recording(s) will be produced during this session:

- Commercial Public Distribution
- Non-Commercial Public Distribution
- Commercial Private Distribution
- Non-Commercial Private Distribution
- Safety Record *Destroyed upon completion of the session*
- None

The following type(s) of recording will be permitted during this session:

- Still Photography       Video       Audio

The following post-production is required prior to release for specified use:

- Obliteration of identifiable features
- Approval of post-production product by participants
- Duplication of all original recordings for participant(s) personal use
- None

Ownership and copyright of all session recording(s) are hereby assigned to the following person(s) with interests and / or restrictions as annotated:

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## Custodian of Records

In compliance with United States Code, Title 18, Section 2257 and Code of Federal Regulations, Title 28, Chapter 1, Part 75, all models, actors, actresses and other persons who appear in any visual depiction of sexually explicit conduct appearing or otherwise contained in recording(s) produced during this session are over the age of eighteen years at the time of the creation of such depictions. Records as required to be maintained are kept by:

Custodian of Records: \_\_\_\_\_

Company or Legal Entity: \_\_\_\_\_

Address of Records: \_\_\_\_\_

City, State & Postal Code: \_\_\_\_\_

## Medical History

Last STD Test: \_\_\_\_\_, 20\_\_\_\_  *Copy of Certified Lab Report Attached*  
Do you have a Trichomonas or Yeast Infection?  Yes  No  
Have you tested Herpes 1 or 2 positive?  Yes  No  
Have you tested HIV positive?  Yes  No

Do you have any current symptoms or historical medical problems involving:

- |  |  |
|--|--|
| <input type="checkbox"/> Heart                       | <input type="checkbox"/> Neck or Spinal Cord                         |
| <input type="checkbox"/> Liver                       | <input type="checkbox"/> Bones or Joints                             |
| <input type="checkbox"/> Lungs                       | <input type="checkbox"/> Muscles                                     |
| <input type="checkbox"/> Kidneys                     | <input type="checkbox"/> Mucus Membranes <i>Nasal, Oral, Genital</i> |
| <input type="checkbox"/> Bladder                     | <input type="checkbox"/> Nervous System                              |
| <input type="checkbox"/> Colon or Rectum             | <input type="checkbox"/> Psychological                               |
| <input type="checkbox"/> Dental <i>including TMJ</i> | <input type="checkbox"/> Other: _____                                |

If so, please describe:

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Do you have current symptoms or a medical history of:

- |   |  |
|---|--|
| <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Seizures         | <input type="checkbox"/> Fainting            |
| <input type="checkbox"/> Dizzy Spells     | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Other: _____        |

If so, please describe:

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Do you wear contact lenses or prescription glasses?  Yes  No

Do you suffer from any fears or phobias?  Yes  No

If so, please describe:

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Do you have any surgical implants?  Yes  No

If so, please describe:

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Do you have any piercings of your:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ear(s)     | <input type="checkbox"/> Nipple(s)    |
| <input type="checkbox"/> Nose       | <input type="checkbox"/> Navel        |
| <input type="checkbox"/> Eyebrow(s) | <input type="checkbox"/> Genitals     |
| <input type="checkbox"/> Tongue     | <input type="checkbox"/> Other: _____ |

Are you currently taking any of the following over-the-counter medications:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Aspirin           | <input type="checkbox"/> Decongestant |
| <input type="checkbox"/> Anti-Inflammatory | <input type="checkbox"/> Expectorant  |
| <input type="checkbox"/> Antihistamine     | <input type="checkbox"/> Other: _____ |

List all prescription medications you currently take:

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Known Allergies *including tapes and contraceptives*:

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In case of emergency notify: \_\_\_\_\_

## Roles

The following person(s) will be Dominant:

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The following person(s) will be submissive:

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Type of scene(s) to be enacted:

- |   |   |
|---|---|
| <input type="checkbox"/> Master / slave <i>Dom</i>                        | <input type="checkbox"/> Forced <i>Rape, Blackmail</i>              |
| <input type="checkbox"/> Mistress / slave <i>FemDom</i>                   | <input type="checkbox"/> Gender Play <i>Cross Dressing, TV</i>      |
| <input type="checkbox"/> Servant <i>Butler, Maid, Lawn Boy, Secretary</i> | <input type="checkbox"/> Age Play <i>Diapers, School, Geriatric</i> |
| <input type="checkbox"/> Captivation <i>Abduction, Penal</i>              | <input type="checkbox"/> Animal Play <i>Pony, Domestication</i>     |
| <input type="checkbox"/> Other: _____                                     |   |

May the submissive(s) 'top' or switch roles:  Yes  No  
Explanation:

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## Obedience

Will the submissive promptly obey the Dominant?  Yes  No  
Explanation:

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May Dominant(s) "overpower" or "force" the submissive(s)?  Yes  No  
Explanation:

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May the submissive(s) verbally resist?  Yes  No  
Explanation: \_\_\_\_\_

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May the submissive(s) physically resist?  Yes  No  
Explanation:

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May the submissive(s) "turn the tables" on the Dominant(s)?  Yes  No  
Explanation:

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The submissive(s) agrees to address the Dominant(s) by the following title(s):

- |                                   |                                |                                       |
|-----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Master   | <input type="checkbox"/> Sir   | <input type="checkbox"/> Name: _____  |
| <input type="checkbox"/> Mistress | <input type="checkbox"/> Madam | <input type="checkbox"/> Other: _____ |

The Dominant(s) will address the submissive(s) with the following term(s):

- |                                |                                  |                                       |
|--------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Slave | <input type="checkbox"/> Servant | <input type="checkbox"/> Name: _____  |
| <input type="checkbox"/> Whore | <input type="checkbox"/> Wimp    | <input type="checkbox"/> Other: _____ |

## Bondage

The submissive(s) agrees to allow the following parts of their person(s) to be bound:

- |                                    |                                  |                                   |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hands     | <input type="checkbox"/> Mouth   | <input type="checkbox"/> Crotch   |
| <input type="checkbox"/> Fingers   | <input type="checkbox"/> Lips    | <input type="checkbox"/> Genitals |
| <input type="checkbox"/> Thumbs    | <input type="checkbox"/> Tongue  | <input type="checkbox"/> Legs     |
| <input type="checkbox"/> Wrists    | <input type="checkbox"/> Nose    | <input type="checkbox"/> Thighs   |
| <input type="checkbox"/> Arms      | <input type="checkbox"/> Ears    | <input type="checkbox"/> Knees    |
| <input type="checkbox"/> Elbows    | <input type="checkbox"/> Hair    | <input type="checkbox"/> Calves   |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Torso   | <input type="checkbox"/> Ankles   |
| <input type="checkbox"/> Neck      | <input type="checkbox"/> Breasts | <input type="checkbox"/> Feet     |
| <input type="checkbox"/> Head      | <input type="checkbox"/> Waist   | <input type="checkbox"/> Toes     |

The submissive(s) agrees to allow their person(s) to be bound to:

- |                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Chair  | <input type="checkbox"/> Cross  | <input type="checkbox"/> Other submissive(s)      |
| <input type="checkbox"/> Bed    | <input type="checkbox"/> Horse  | <input type="checkbox"/> Any Mobile Object(s)     |
| <input type="checkbox"/> Table  | <input type="checkbox"/> Stocks | <input type="checkbox"/> Any Stationary Object(s) |
| <input type="checkbox"/> Pillar | <input type="checkbox"/> Trees  | <input type="checkbox"/> Other:                   |

The submissive(s) agree to wear the following:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Collar    | <input type="checkbox"/> Bit Gag       |
| <input type="checkbox"/> Leash     | <input type="checkbox"/> Ring Gag      |
| <input type="checkbox"/> Blindfold | <input type="checkbox"/> Bridle        |
| <input type="checkbox"/> Hood      | <input type="checkbox"/> Saddle        |
| <input type="checkbox"/> Gag Hood  | <input type="checkbox"/> Chastity Belt |
| <input type="checkbox"/> Ball Gag  | <input type="checkbox"/> Other: _____  |

The submissive(s) agree to allow use of the following bindings:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Twine      | <input type="checkbox"/> Legcuffs   | <input type="checkbox"/> Plastic Wrap      |
| <input type="checkbox"/> Rope       | <input type="checkbox"/> Shackles   | <input type="checkbox"/> Leather Cuffs     |
| <input type="checkbox"/> Chain      | <input type="checkbox"/> Spreaders  | <input type="checkbox"/> Body Harness      |
| <input type="checkbox"/> Handcuffs  | <input type="checkbox"/> Vinyl Tape | <input type="checkbox"/> Suspension Gloves |
| <input type="checkbox"/> Thumbcuffs | <input type="checkbox"/> Cloth      | <input type="checkbox"/> Suspension Boots  |

Degree(s) of immobility acceptable to the submissive(s):

- |                                  |                                   |                                  |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Limited | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extreme |
|----------------------------------|-----------------------------------|----------------------------------|

Degree of binding tension(s) acceptable to the submissive(s):

- |                                |                               |                                |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Loose | <input type="checkbox"/> Snug | <input type="checkbox"/> Tight |
|--------------------------------|-------------------------------|--------------------------------|

Range of body position(s) acceptable to the submissive(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Tightly Compressed    | <input type="checkbox"/> Slightly Stretched   |
| <input type="checkbox"/> Moderately Compressed | <input type="checkbox"/> Moderately Stretched |
| <input type="checkbox"/> Slightly Compressed   | <input type="checkbox"/> Widely Stretched     |

List any known bondage limitations:

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List all prior negative experiences with bondage:

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## Pain

The submissive(s) attitude on receiving pain:

- Enjoys
- Accepts
- Neutral
- Dislikes
- Will Not Accept

Quantity of acceptable pain:

- Extreme
- Large
- Average
- Small
- None

Explanation:

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The Dominant(s) attitude on giving pain:

- Enjoys
- Will Give
- Neutral
- Dislikes
- Will Not Give

Quantity of desirable pain:

- Extreme
- Large
- Average
- Small
- None

Explanation:

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The submissive(s) agree the following types of pain are acceptable:

- |                                   |                                      |                                       |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Spanking | <input type="checkbox"/> Biting      | <input type="checkbox"/> Hot Creams   |
| <input type="checkbox"/> Flogging | <input type="checkbox"/> Clothespins | <input type="checkbox"/> Ice          |
| <input type="checkbox"/> Paddling | <input type="checkbox"/> Clips       | <input type="checkbox"/> Hot Wax      |
| <input type="checkbox"/> Whipping | <input type="checkbox"/> Clamps      | <input type="checkbox"/> Knife Play   |
| <input type="checkbox"/> Caning   | <input type="checkbox"/> Blunt Hooks | <input type="checkbox"/> Immersion    |
| <input type="checkbox"/> Slapping | <input type="checkbox"/> Sharp Hooks | <input type="checkbox"/> Other: _____ |

The following signal(s) will be used to indicate the submissive(s) readiness to receive pain:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Presenting   | <input type="checkbox"/> Behavioral Reward            |
| <input type="checkbox"/> Begging      | <input type="checkbox"/> Master / Mistress Discretion |
| <input type="checkbox"/> Disobedience | <input type="checkbox"/> Other: _____                 |

The submissive(s) typical visible reaction to receiving pain:

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Pleasure | <input type="checkbox"/> Resistance   |
| <input type="checkbox"/> Stoic    | <input type="checkbox"/> Hostility    |
| <input type="checkbox"/> Grief    | <input type="checkbox"/> Other: _____ |

The following signal(s) will be used to indicate the submissive(s) had enough pain:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Safe Words | <input type="checkbox"/> Orgasm       |
| <input type="checkbox"/> Grief      | <input type="checkbox"/> Other: _____ |

## Marks

Will the submissive(s) accept that the play leaves marks?  Yes  No

If so, the following type(s) of mark are acceptable:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Abrasions  | <input type="checkbox"/> Cuff Marks | <input type="checkbox"/> Small Cuts                    |
| <input type="checkbox"/> Bruises    | <input type="checkbox"/> Rope Marks | <input type="checkbox"/> Must be coverable by clothing |
| <input type="checkbox"/> Clip Marks | <input type="checkbox"/> Welts      | <input type="checkbox"/> Other: _____                  |

How readily does the submissive(s) mark?  Easily  Average  Hardly

## Erotic Humiliation

The submissive(s) agree to the following form(s) of erotic humiliation:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Peeing       |
| <input type="checkbox"/> Enemas       | <input type="checkbox"/> Scat         |
| <input type="checkbox"/> Spitting     | <input type="checkbox"/> Other: _____ |

Will the submissive(s) be exposed for public humiliation?  Yes  No

If so, please describe:

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## Sex

The Dominant(s) may perform the follow sexual activities on the submissive(s):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Masturbation        | <input type="checkbox"/> Rimming           | <input type="checkbox"/> Oral Ejaculation    |
| <input type="checkbox"/> Fellatio            | <input type="checkbox"/> Anal Fisting      | <input type="checkbox"/> Facial Ejaculation  |
| <input type="checkbox"/> Cunnilingus         | <input type="checkbox"/> Vaginal Fisting   | <input type="checkbox"/> Bodily Ejaculation  |
| <input type="checkbox"/> Anal Intercourse    | <input type="checkbox"/> Anal Insertion    | <input type="checkbox"/> Anal Ejaculation    |
| <input type="checkbox"/> Vaginal Intercourse | <input type="checkbox"/> Vaginal Insertion | <input type="checkbox"/> Vaginal Ejaculation |

The submissive(s) may perform the following sexual activities on the Dominant(s):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Masturbation        | <input type="checkbox"/> Rimming           | <input type="checkbox"/> Oral Ejaculation    |
| <input type="checkbox"/> Fellatio            | <input type="checkbox"/> Anal Fisting      | <input type="checkbox"/> Facial Ejaculation  |
| <input type="checkbox"/> Cunnilingus         | <input type="checkbox"/> Vaginal Fisting   | <input type="checkbox"/> Bodily Ejaculation  |
| <input type="checkbox"/> Anal Intercourse    | <input type="checkbox"/> Anal Insertion    | <input type="checkbox"/> Anal Ejaculation    |
| <input type="checkbox"/> Vaginal Intercourse | <input type="checkbox"/> Vaginal Insertion | <input type="checkbox"/> Vaginal Ejaculation |

The following sex toy(s) may used:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Anal Plug  | <input type="checkbox"/> Vibrator     |
| <input type="checkbox"/> Anal Balls | <input type="checkbox"/> Bullet       |
| <input type="checkbox"/> Dildo      | <input type="checkbox"/> Lotion / Oil |
| <input type="checkbox"/> Cock Ring  | <input type="checkbox"/> Other: _____ |

The Dominant(s) will use the following contraceptive device(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Control Pills     | <input type="checkbox"/> Condom with Spermicidal Lubricant |
| <input type="checkbox"/> Diaphragm               | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Spermicidal Suppository | <input type="checkbox"/> None                              |

The submissive(s) will use the following contraceptive device(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Control Pills     | <input type="checkbox"/> Condom with Spermicidal Lubricant |
| <input type="checkbox"/> Diaphragm               | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Spermicidal Suppository | <input type="checkbox"/> None                              |

The Dominant(s) will use the following bodily fluid barriers:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Condom       | <input type="checkbox"/> Dental Dam   |
| <input type="checkbox"/> Latex Gloves | <input type="checkbox"/> Other: _____ |

The submissive(s) will use the following bodily fluid barriers:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Condom       | <input type="checkbox"/> Dental Dam   |
| <input type="checkbox"/> Latex Gloves | <input type="checkbox"/> Other: _____ |

## Safe Words

The Dominant(s) and submissive(s) agree to use the following safe to control the direction of session activity:

### Start / Continue

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) readiness to begin or resume session activity at the level prescribed or previously experienced.

### Increase / Speed Up

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) readiness to escalate either the session pace or intensity to a higher level at the Dominant(s) discretion.

### Decrease / Slow Down

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) need to diminish the session pace or intensity to a lower level than currently experienced.

### Pause

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) need to temporarily stop the session for a short period of time without terminating it. The submissive(s) may request to be unbound during a pause without prejudice or penalty from the Dominant(s). The submissive(s) will be rebound in the same or an equivalent manner at the Dominant(s) discretion upon resumption of the session.

### Change Direction

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) need to cease a particular activity but to continue the session with new activities at the Dominant(s) discretion having a similar level of intensity or pace. Used to indicate discomfort with a particular activity. Neither Dominant(s) nor submissive(s) may resume an activity stopped by these safe words in this session.

### Stop

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

These safe words indicate that the submissive(s) need to terminate the session completely. Neither Dominant(s) nor submissive(s) may resume a session stopped by these safe words.

## Opportunities and Special Skills

List particular activities, roles, scenarios or techniques any party would like to try here:

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## Intoxicants

The Dominant(s) may use only the following intoxicant(s) during the session:

- Beer                       Liquor  
 Wine                       Other: \_\_\_\_\_

Acceptable quantity: \_\_\_\_\_

The submissive(s) may use only the following intoxicant(s) during the session:

- Beer                       Liquor  
 Wine                       Other: \_\_\_\_\_

Acceptable quantity: \_\_\_\_\_

## Agreement

In testament by signature below, we the undersigned BDSM Session Participants (the Participants) agree to the terms and limitations established by this Contract. No change shall be made during the Session unless noted in amendment to this Contract prior to said change being enacted.

The Participants do hereby certify that this Agreement is being executed by their own freewill without promise, threat or coercion in any form.

The Participants do hereby certify that this Agreement is being executed with full prior knowledge of the potential for physical, psychological and / or legal hazard and agree to hold blameless and without fault all other Participants for the same excepting where said Participants willfully engage in actions or activities in violation of the terms and limitations set forth by this Agreement.

The Participants do hereby certify that they are above the legal age of consent for the jurisdiction in which this Agreement and Session are executed and have faithfully provided proof of the same as attached hereto.

If any court determines that any provision of this Agreement is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Agreement invalid or unenforceable and such provision shall be modified, amended or limited only to the extent necessary to render it valid and enforceable.

The Participants do hereby certify that they know of no legal or other impediment that would prevent them from fully and completely entering into this Agreement and Contract and hereby so do on this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

## Participant Signatures

\_\_\_\_\_  
*Full Legal Name*

\_\_\_\_\_  
*Aliases*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Proof of Age*

|                        |                              |
|------------------------|------------------------------|
|                        | <hr/> <i>Full Legal Name</i> |
|                        | <hr/> <i>Aliases</i>         |
| <hr/> <i>Signature</i> | <hr/> <i>Proof of Age</i>    |
|                        | <hr/> <i>Full Legal Name</i> |
|                        | <hr/> <i>Aliases</i>         |
| <hr/> <i>Signature</i> | <hr/> <i>Proof of Age</i>    |
|                        | <hr/> <i>Full Legal Name</i> |
|                        | <hr/> <i>Aliases</i>         |
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|                        | <hr/> <i>Full Legal Name</i> |
|                        | <hr/> <i>Aliases</i>         |
| <hr/> <i>Signature</i> | <hr/> <i>Proof of Age</i>    |
|                        | <hr/> <i>Full Legal Name</i> |
|                        | <hr/> <i>Aliases</i>         |
| <hr/> <i>Signature</i> | <hr/> <i>Proof of Age</i>    |

**Custodian of Records Signature**

In testament by signature below I do hereby certify and bear witness to the signing of this Contract by the aforementioned Participants and do hereby receive it into permanent record on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

|                        |                                      |
|------------------------|--------------------------------------|
|                        | <hr/> <i>Full Legal Name</i>         |
|                        | <hr/> <i>Company or Legal Entity</i> |
| <hr/> <i>Signature</i> | <hr/> <i>Address</i>                 |

**Certificate of True Copy of Identification**

**FACE**

**REVERSE**

**STATE OF** \_\_\_\_\_, **COUNTY OF** \_\_\_\_\_.

*The foregoing original instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification. I hereby certify this copy to be an accurate and faithful reproduction of the original instrument in likeness and appearance, notwithstanding the following irreproducible omissions: \_\_\_\_\_*

\_\_\_\_\_  
\_\_\_\_\_

(Seal)

\_\_\_\_\_  
*Notary's signature*

\_\_\_\_\_  
*Notary's name*