

RPG CONSENT CHECKLIST

GM Name: Brandon

Player Name: (or leave blank) _____

Planned Game Theme: Mystery Survival Horror

If this game were a movie, its movie rating would be: G PG PG-13 **R** Other: _____

Mark a color that best illustrates your comfort level with the following plot or story elements.
Leave blank if unconcerned or unbothered by measured references in the story.

- ☐ **Green** = Enthusiastic consent; I want to engage with these concepts!
☐ **Yellow** = Okay if veiled or offstage; might be okay onstage but requires discussion ahead of time; uncertain.
☐ **Red** = Hard line; do not include.

HORROR.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	Y	R
Bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyeballs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiders	<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"/>

RELATIONSHIPS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	Y	R
Romance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fade to black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs and NPCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fade to Black.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs and NPCs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between PCs	<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"/>

SOCIAL AND CULTURAL ISSUES.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	Y	R
Homophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real-world religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific cultural issues	<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"/>

MENTAL AND PHYSICAL HEALTH.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G	Y	R
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing to death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaslighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genocide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heatstroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural disasters (earthquakes, forest fires)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis/physical restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police, police aggression.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy, miscarriage, or abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe weather (hurricanes, tornados)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starvation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thirst	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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?

