

# CSPC GUEST 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.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest 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: \_\_\_\_\_

Guesting Member Signature (if applicable): \_\_\_\_\_ Member #: \_\_\_\_\_

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

(please INITIAL below)

\_\_\_\_\_ I am an **adult at least 18 years of age**, and I understand that valid photo ID showing birth date is required in order to gain admittance and to remain on the premises.

\_\_\_\_\_ I have been provided with and have read the **CSPC's 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, 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 The Center for Sex Positive Culture 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 with regard to these changes.

\_\_\_\_\_ I understand that The Center for Sex Positive Culture reserves the **right to refuse service** at any time.

**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.*

2/27/2018

**STAFF USE ONLY**

Legal ID - Type: \_\_\_\_\_ Issued By: \_\_\_\_\_ Number: \_\_\_\_\_

Exp.: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_