

# SERAPHINA PEACH



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## SESSION REQUEST FORM

CLIENT LEGAL NAME:

NICKNAME OR ALIAS:

DOB (18+):

PRONOUNS:

PHONE NUMBER:

EMAIL ADDRESS:

AVAILABILITY FOR PRELIMINARY PHONE CALL **(NEW CLIENT REQUIREMENT)**:

PREFERRED LOCATION FOR OUR SESSION:

PREFERRED SESSION TIME/DATE (PROVIDE A FEW OPTIONS):

LENGTH OF SESSION:

HAVE YOU SUBMITTED YOUR INITIAL TRIBUTE/DEPOSIT? HOW/WHEN/FROM WHAT HANDLE?

HOW DO YOU IDENTIFY?

PROVIDE ONE OR MORE PROFESSIONAL PROVIDER REFERENCE FROM THE PAST YEAR. IN LIEU OF A PROFESSIONAL REFERENCE, YOU MAY INSTEAD PROVIDE A LINK TO AN EMPLOYER OR PERSONAL WEBSITE, AND A SOCIAL MEDIA PAGE. **(NEW CLIENT REQUIREMENT)**

SPECIFIC FANTASIES AND DESIRED PLAY STYLE / HOW DO YOU WANT TO FEEL?

DESIRED PAIN LEVEL:

HOW DO YOU FEEL ABOUT MARKS?

HARD LIMITS (STRICTLY PROHIBITED):

SOFT LIMITS / TURN-OFFS (CONDITIONAL OR SITUATIONAL):

DO YOU HAVE ANY MEDICAL CONDITIONS? (E.G., HEART ISSUES, EPILEPSY, ASTHMA, ETC.)

HAVE YOU HAD ANY SURGERIES OR RECENT PROCEDURES COMPLETED?

CURRENT MEDICATIONS:

ALLERGIES (LATEX, MATERIALS, ETC.):

PHYSICAL INJURIES OR AREAS OF CONCERN (E.G., BACK ISSUES, JOINT PROBLEMS, RECENT SURGERY):

MENTAL HEALTH CONSIDERATIONS (OPTIONAL BUT HELPFUL):

INTERESTS:

ALLOWED ACTIVITIES:

WHAT ABOUT ME ARE YOU DRAWN TO?

WHERE DID YOU HEAR ABOUT ME?

WHAT ELSE?

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## REMINDERS | ORDER | PROCESS

### SECURITY

All new clients will be required to schedule an initial phone-call or coffee date for vetting purposes, and to discuss goals, expectations, and limits; and (2) submit a photo of your personal identification. Prior to the session, you will complete both this form and another form acknowledging risk awareness and consent.

### DEPOSITS

All phone-calls, coffee dates, and sessions require a 50% deposit, generally required 48 hours in advance. Deposit methods are disclosed privately during the booking process.

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## UNDERSTANDING OF SERVICES OFFERED AND PERSONAL LIABILITY

I understand no that sex or illegal activity is offered or implied by Seraphina Peach in the content of her website and other platforms utilized, or by me in the content of this session request form. I release Seraphina Peach from all liability of any unintended illness or injury that may result from consensual BDSM play.

- I have filled out this form truthfully and understand the safety risks associated with withholding information related to my health and experience level.
- I confirm that I am physically and mentally capable of participating in consensual BDSM activities at this time.

I consent to being filmed and/or photographed and session content to be uploaded to Seraphina's online platforms of choice.

CLIENT LEGAL NAME

CLIENT SIGNATURE

DATE