Legal Sexual Consent Form

Participant Information	
Participant 1:	
Full Name:	
Date of Birth:	
Contact Number:	
Participant 2:	
Full Name:	
Date of Birth:	
Contact Number:	

Consent Agreement

Both participants mutually agree to engage in the activities specified below with full understanding, clear communication, and the ability to withdraw consent at any time.

Boundaries and Conditions

- 1. Activities permitted: _____
- 2. Activities not permitted:
- 3. Duration of consent: _____

Acknowledgment of Consent

By signing this form, both parties confirm that they are providing voluntary, informed, and uncoerced consent for the specified activities.

Signatures

Participant 1 Signature: _____

Date: _____

Participant 2 Signature:	
Date:	
Witness (if applicable)	
Name:	
Signature:	
Date:	