

# APPLICATION TO SEE MISS SIRENA RHUL

Please fill out the following form in its completion if you are interested in Domme Services from Miss Sirena Rhul. I will review your answers and reply to you via e-mail within 2-3 business days. This application acts as both a client safety screening, a test of your obedience and willingness to follow my directions, and a tool of determining if we are actually a good fit or not professionally. All information is kept encrypted and confidential.

It is recommended you use a PDF editor to complete this application. Adobe Acrobat is free online.

## Contact Information & Client Screening

This is for general communication as well as new client screening, and is required. Failure to provide the following information will result in an automatic denial of your application. All information provided is secure and confidential. Everything marked with a \* is required.

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Date of birth\* \_\_\_\_\_

Contact Number\* \_\_\_\_\_

Email Address (most communication will be via email)\*

\_\_\_\_\_

Location\* \_\_\_\_\_

Profession and Place of Employment\* \_\_\_\_\_

LinkedIn Profile \_\_\_\_\_

How did you find me? \_\_\_\_\_

Are you on FetLife? If so, what is your username? \_\_\_\_\_

Are you in a romantic relationship? If so, are they aware? \_\_\_\_\_

What about me or my work drew you to me?\*

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Have you ever visited a Pro Domme before?\_\_\_\_\_

If you have seen a Pro Domme before, please list their name, location, and any info you are able to give (their website, etc) so I can contact them as a reference

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### Services Requested:

Please check which service you're requesting: \*

- ☐ Virtual (cam) session
- ☐ Phone session
- ☐ Individual session
- ☐ Couples session
- ☐ Social Event

*If requesting an individual session, couples session, or social event, please tell me the days and times you will be available in the next two weeks.*

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## Interview Questionnaire

Preferred Pronouns\_\_\_\_\_

Your experience in BDSM or Kink

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Have you ever been in a power dynamic with a Lifestyle or Pro Domme?\_\_\_\_\_

If yes, please tell me a little about it.

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What are your personal kinks and fetishes?\*

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What is it you're looking to explore?\*

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What are your soft limits? This means, what are you curious about, but not ready to try just yet?\*

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What are your hard limits? These are the things you absolutely will not do.\*

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How do you feel about pain and what is the intensity you do or don't enjoy?

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What are your requirements for aftercare?\*

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What are some long term goals you want to explore in BDSM or kink?

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Describe a particular fantasy that you have, the scene complete with specific activities and little details important to you.

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*You understand that you may not solicit Miss Sirena Rhul for sexual services or sexual intercourse of any kind, and that Miss Sirena Rhul is not an escort and does not engage in genital play or any genital contact, pegging, milking, oral sex, anal intercourse, anal play, genital intercourse, or above the knee 'body worship' with any client. You may not touch Miss Sirena Rhul in any way unless you are given permission. All services offered by Miss Sirena Rhul are non-sexual and operate within the bounds of Georgia state law. No form of sexual activity, nudity, or erotic physical contact is offered or permitted. Sessions are based on consensual power exchange, behavioral coaching, kink education, and structured instruction. I reserve the right to refuse or terminate any session that violates these terms.*

Yes I understand \_\_\_\_

Initials \_\_\_\_\_

*You understand that a nonrefundable deposit/retainer fee is required when booking all sessions, with the remaining session fee due at the time of the session. Your deposit is transferable to another session in the case of a reschedule with at least 48hrs notice. Last-minute cancellations or no-shows will not transfer the deposit to a new session. You also understand that all virtual sessions are paid for in full at the time of booking prior to the session.*

Yes I understand \_\_\_\_

Initials \_\_\_\_\_

*You understand that Miss Sirena Rhul does not discriminate, and has the right to refuse to do a scene or session with any client. She will not accept every applicant as a client, and has a right to end a session or scene if she feels uncomfortable, coerced, or unsafe at any point with no refund. She has the right to terminate a relationship with a client at any time for any reason she deems fit.*

Yes I understand \_\_\_\_\_

Initials \_\_\_\_\_

## Health Information (for individual, couples sessions only)

*All medical information is kept confidential and is only for ensuring the safety of my clients and helps me to best structure a session. If severe or contraindicated, you may have to get cleared by a mental health or medical professional before booking a session.*

Do you have allergies? If so, please list your allergies.

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Do you have asthma or other breathing problems? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have any heart/circulatory issues or medical conditions such as a blood clotting condition or being on blood thinners for clot risk, cardiovascular disease, heart attack history, POTS or similar postural issues, etc? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you smoke tobacco or vape? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you use marijuana? This includes CBD oil, full spectrum CBD, Deltas, etc.

Yes\_\_\_\_\_ No\_\_\_\_\_

Do you drink alcohol? Yes\_\_\_\_\_ No\_\_\_\_\_

Please list any other health issues, conditions, or physical injuries you may have that may affect your ability to participate in a session in any way, or that is important for me to know about beforehand (such as Epilepsy, Narcolepsy, limited physical mobility, etc.)

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Do you require any disability (physical or mental) accommodations for a session? Please share what you may need or require.

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*I do my best to accommodate clients in any way possible when they require physical or mental support.*

Please sign your full name below (first and last) indicating you have filled in this form to the best of your ability, everything is truthful to the best of your knowledge, and you agree to/understand the terms you have initialed.

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Sign Your Full Name

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Print Your Full Name

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Date

*Please return this form with the subject line "Session Application - (Your First Name)" to coachsirenarhul@gmail.com along with a photo of you holding your government ID where the ID is clearly displayed. If you do not attach a photo of you holding your ID with the ID clearly displayed, and the full signed and initialed application, you will be immediately rejected.*