



The Magnus Archives is a horror setting and thus contains harrowing and scary elements that are inherent to gameplay.
If going through this form makes you realize horror settings aren't for you, it's okay to step away and play a different type of game.

GM Name: _____

Player Name (or leave blank): _____

Planned Game Theme: _____

If this game were a movie, its movie rating would be: G PG PG-13 **R** NC-17 Other: _____

Mark the color that best illustrates your comfort level with the following plot or story elements.

☐ **Green** = Enthusiastic consent; bring it on!

☐ **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"/> |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|
| Animal endangerment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Body horror..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bugs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child endangerment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonic possession..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dismemberment..... | <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"/> |
| Mind control..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mines/underground scenarios..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mutilation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rats..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Situations involving literal darkness..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snakes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiders..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Witchcraft..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RELATIONSHIPS AND FAMILY

| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Romance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fade to black..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explicit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fade to black..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explicit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Between my PC and another PC/NPC..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Abandonment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death of a caretaker/parent..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death of a child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death of a spouse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL TOPICS

| | | | |
|-------|--------------------------|--------------------------|--------------------------|
| _____ | <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"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOCIAL AND CULTURAL ISSUES.....

| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Bullying..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cults..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gun violence..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homophobia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Kidnapping..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Racism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Real-world religion..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious trauma..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Slavery..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Transphobia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

MENTAL AND PHYSICAL HEALTH

| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Abuse..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Hanging/strangulation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heatstroke..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Miscarriage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Natural disasters..... | <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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pregnancy, miscarriage, or abortion..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-harm..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Severe weather..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Starvation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicide..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Terrorism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thirst..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Torture (physical)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Torture (psychological)..... | <input type="checkbox"/> | <input checked="" 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?