



### ***What is IMAS?***

IMAS (formerly “Indiana Masters and Slaves/Subs/Switches”) is a private organization of individuals who are actively interested in BDSM activities. Upholding, Honor, Integrity, Trust and Honesty above all else, we have founded this organization upon the principals of tolerance and acceptance of diverse lifestyles and practices. We shall continuously strive to provide a safe, supportive, social, and educational environment for people interested in alternative lifestyle practices within a consensual framework.

Also read the Safe Space Policy and Code of Conduct included with this membership packet.

### ***Are you online?***

Yes. We have a website: <http://www.imas-bdsm.com> You can also find the group on FetLife at <http://fetlife.com/groups/11671>.

### ***When do you meet?***

We have business meetings on the 2nd Tuesday of the month, discussion munches on the 3rd Sunday of the month, and private members parties on the 2nd Saturday of the month. See our website and/or FetLife group and Event listings for dates, times, and locations of the munches and business meetings.

### ***How do I become a member of IMAS?***

If you are reading this you likely have a membership application included in the packet. Before applying for IMAS membership, it is required that you attend 3 IMAS hosted events. After you have attended 3 events, please complete the application and event waiver, enclose the membership dues (\$25 per member), and mail to IMAS or give to an IMAS Board member. After your application is received, a background check will be performed to make sure you are not listed on any sexual offender registries. At the next business meeting (2nd Tuesday of the month) the membership will vote to accept or reject your application. Memberships are renewable annually, with dues payable by the end of September.

# IMAS Code of Conduct

## **Preamble:**

The Code of Conduct is intended to be aspirational and guide our interactions with each other as participants in the BDSM community.

## **INTERACTIONS WITH OTHERS**

- Affirmative consent is the only “yes”.
- All participants will be treated with dignity and respect.
- I agree to be respectful of other people’s person and property.
- I will respect confidentiality, in person, in writing, and on social media.
- I agree to help create a safe environment that encourages others to learn and grow in this lifestyle.

## **GUESTS**

- Members agree to be responsible for the actions of any guest(s) they invite to any private IMAS event. Any violation of any policy by a guest(s) for whom I am responsible will result in the immediate removal of both the guest(s) and myself from the event.

## **FOLLOWING RULES**

- If I see any violations of the Safe Space Policy or the Code of Conduct, I promise to immediately inform a member of the Board of Officers or designated representative.



## **IMAS SAFE SPACE POLICY**

IMAS is committed to providing a secure, non-threatening, and confidential environment at IMAS-sponsored events. Members of the IMAS Board recognize their responsibility to maintain the safe space of IMAS functions. All participants agree to adhere to the following rules set forth in this Safe Space Policy:

1. There will be no unwanted or undesired touching, or persistent, unwanted advances. Affirmative consent is the only “yes”.
2. There will be no harassment of participants at IMAS-sponsored functions. “Harassment” consists of, but is not limited to: a pattern of persistent, disruptive behavior directed toward an individual or individuals.
3. Anyone who directs a threat at another individual or engages in fighting or violent behavior at an IMAS-sponsored function may be required to leave immediately.
4. There will be no intentional and/or malicious “outing” of other IMAS members or guests.

If an individual is suspected of violating any of the aforementioned rules and a formal complaint is filed, the IMAS Board will take the matter under advisement, per the Bylaws. A “formal complaint” consists of providing a written description of the situation and the parties involved to the IMAS Board.



**IMAS EVENT WAIVER (2 pages)**

I, the undersigned, agree to hold harmless, IMAS, its officers and organizers, its affiliates, and other fellow participants from any liability pursuant to any physical, emotional, psychological, or legal injury which may occur during participation in any IMAS-sponsored event.

I, the undersigned, understand that adult-oriented discussions, activities, and demonstrations may occur and I am not offended by such. I understand that there may be nudity and I am not offended by such. I state that my attendance and/or participation are voluntary and understand that I may leave at any time.

I, the undersigned, am at least 21 years of age or older, and am legally capable of participation in adult-oriented activities and will provide proof of age upon request.

I, the undersigned, understand that activities may occur during IMAS-sponsored functions that may pose physical and/or psychological risks for some individuals. It is my responsibility to make known any medical and/or psychological conditions I have that may have a bearing upon my participation in these activities or which may create a medical emergency.

I, the undersigned, agree that everything that I observe at any IMAS-sponsored function will be kept in strict confidence, and that I will do nothing to jeopardize the privacy and identities of the other attendees.

I, the undersigned, agree to not create any audio or video recordings, take photographs, or record the activities of other members without express written permission or in specific designated areas.

I, the undersigned, agree to leave any IMAS-sponsored function voluntarily, with forfeiture of admission fees, upon just cause, at the request of an Officer of IMAS or designated IMAS representative.

**JUST CAUSE INCLUDES**, but is not limited to:

- Violation of the general rules of IMAS, including disruptive and/or destructive behavior.
- Violation of the IMAS Code of Conduct or Safe Space Policy.
- Failure to respond to safe words or safe signals, or failure to respect the limits of behavior set by other individuals for themselves.
- Being under the influence of illegal drugs or engaging in prostitution/solicitation/negotiation for compensation for services is illegal and shall not be tolerated.

I, the undersigned, realize the above rules are necessary to insure IMAS-sponsored functions remain within the legal statutes of our area, and remain voluntarily safe, sane and consensual for the enjoyment of all participants. I realize that IMAS function participants are conducting risk-aware consensual kink.

I, the undersigned, have read, understand and agree to follow all the above statements, as well as the IMAS Safe Space Policy and Code of Conduct. My signature also indicates that I am not here in any official capacity of law enforcement officer, hired investigator, journalist, postal service agent or government employee.

---

Signature	Printed Name	Date
-----------	--------------	------

---

IMAS Witness Signature	Printed Name	Date
------------------------	--------------	------



## IMAS MEMBERSHIP APPLICATION

This is an official Membership Application for IMAS. The information listed here is strictly confidential and shall not be kept on the premises at any event, or any other location where there is risk of exposure to anyone other than the IMAS Board of Officers. Membership dues must accompany this application. The completed application and dues can be given to any IMAS Board member or it can be mailed to: IMAS, P.O. Box 2674, Indianapolis, IN 46206-2674.

---

First Name	M.I.	Last Name	Scene name/Fetlife Name
------------	------	-----------	-------------------------

---

Street Address

---

City/State/Zip

---

Phone Number	Date of Birth	Email Address
--------------	---------------	---------------

### EMERGENCY CONTACT

Please note that this information will be used ONLY in the case of a medical emergency, where we have need to contact someone to let them know you have been taken for treatment. This does not need to be a family member, just someone who knows your family, and will be able to contact them to let them know of the emergency.

---

Emergency Contact Name	Emergency Phone Number	Relationship
------------------------	------------------------	--------------

**ALLERGIES/MEDICAL INFORMATION** Do you have any allergies or medical information that should be shared with us to ensure safe play at special IMAS events?



**IMAS FUNCTIONS ATTENDED**

---

---

---

Function

Date

**Signature**

I state that the above information is true and accurate to the best of my knowledge.

---

Applicant Signature /Date

---

IMAS Sponsor/Witness /Date

---

IMAS Sponsor/Witness /Date

Application received by: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

**For IMAS Use Only:**

Check one:  Cash -or-  Check

Amt Paid:\$ \_\_\_\_\_

Check #: \_\_\_\_\_

Comments: \_\_\_\_\_

**IMAS reserves the right to deny any application for any reason.**