

**Black Hills Baptist Church  
12205 SD HWY 34  
Whitewood, SD 57793  
(605) 641-1352**

**PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE AND INDEMNITY**  
My permission is granted for the Pastor/Youth Pastor, church official, or an adult in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my youth. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photo/videos may be used in promotional materials. I, the undersigned, do hereby release and forever discharge all sponsors, Black Hills Area Baptist Association employees, the Churches, and their Leaders from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the church events. I agree to indemnify all sponsors, Black Hills Area Baptist association and employees and Churches Leaders for any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury caused by my child while participating in church events and/or while on the property where church event is being held. We reserve the right to search and seize contraband items.

**Please complete and sign below for each child**

Child's Name (Printed):

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Additional Child's Name (Printed):

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Additional Child's Name (Printed):

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Additional Child's Name (Printed):

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Parent/Guardian's Name (Printed):

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Parent/Guardian' Signature:

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Date\_\_\_\_\_