



PHOTOGRAPHY CONSENT AND RELEASE FORM APPLICABLE TO ADULTS (“ADULT” = PERSON 18 YEARS AND OLDER)

SURNAME & FULL NAMES: _____

ADDRESS: _____

TELEPHONE NO: _____

CELL PHONE NO: _____

E-MAIL ADDRESS: _____

1. I, the undersigned, hereby grant permission and the absolute right to the Cape Winelands District Municipality, its representative(s) and/or assignee(s) acting with the authority and permission of the Cape Winelands District Municipality, to take and use photographs and/or digital images, including videos, of me for usage in news releases and/or educational materials, printed publications and/or materials and/or electronic publications and/or websites and/or social media platforms.
2. I agree that my surname, full name(s) and identity may be revealed in descriptive text or commentary in connection with the image(s).
3. I authorize the usage of my information, as explained in paragraphs 1 and 2 above, without any compensation to me or any third party whatsoever.
4. I hereby waive any right that I may have to inspect or approve the finished product(s) and/or the copy and/or printed matter that may be used in connection therewith or the use to which it may be applied.
5. I hereby release, discharge and agree to hold harmless the Cape Winelands District Municipality from any and all liability that has and/or may occur or be produced in the taking of the said pictures or any subsequent process thereof, as well as any publication thereof.

6. I further release the Cape Winelands District Municipality and its legal representative(s) and/or assignee(s), acting with the authority and permission of the Cape Winelands District Municipality, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the use of the images.
7. In view of the Cape Winelands District Municipality's adherence to the Protection of Personal Information Act, 2013 (Act No 4 of 2013) and the regulations promulgated thereunder, I understand and agree that by granting permission to the Cape Winelands District Municipality to take and use photographs and/or digital images of me:
 - 7.1 All personal information provided to the Cape Winelands District Municipality will be held and/or stored securely and electronically in a database for the purposes for which it was collected.
 - 7.2 By signing this Photography Consent and Release Form, I confirm that I have no objection to the Cape Winelands District Municipality collecting, processing and retaining my personal information for the purposes for which it was collected.
 - 7.3 A copy of the Cape Winelands District Municipality's Policy on Protection of Personal Information can be viewed on the official website, www.capewinelands.gov.za.
8. I have read this form carefully and fully understand the implications and agree to the terms of this Photography Consent and Release Form. I understand that I am or may be giving up certain legal rights by signing this Form.

THUS DONE and signed at on this day of 2021

in the presence of the undersigned witnesses:

AS WITNESSES:

1.

2.

.....

SIGNATURE

.....

NAME IN PRINT