



the legacy lives on through you

MEDIA CONSENT, RELEASE, AND WAIVER

I hereby give consent to _____
(the "organization") to photograph, videotape, or otherwise digitally record and use images and/or sound recordings of myself or my child or children (if applicable) to use in any public media, including radio, television, internet, social media, print or in any of the organization's or its partners' publications, productions, or posts.

I understand that the intended use of such images and information is solely for the purpose of advertising, marketing, fundraising and/or the promotional and public awareness purposes for the organization. I hereby waive any rights or interest in the images or recordings, as contemplated in this release. I acknowledge that this consent to use images and/or recordings is being made solely for the benefit of the organization and comes without any expectation of monetary compensation or other benefit to me. To the extent that any benefit accrues or might accrue to the organization from the use of images or information, I hereby and forever waive any interest in or claim to such benefits. I hereby release and forever discharge the organization (including without limitation all corporate affiliates and officers, directors, trustees, donors, employees, agents and volunteers) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images and materials described herein, and I hereby waive all rights and interest in and to such information and materials. I further acknowledge that there is no guarantee that any or all of the participants' images or recordings will be used in any released media.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying the organization in writing at: _____

Name of Adult (Parent or Legal Guardian if applicable)

(please print)

Name of Child/Children (if applicable)

(please print)

Signature of Adult (Parent or Legal Guardian)

Date

Founder: Mr N R Mandela **Chairman:** Professor N S Ndebele **Chief Executive:** Mr S K Hatang

IT Number: 9259/99 **NPO Number:** 034-681-NPO **Vat Number:** 4590213601 **D-U-N-S® Number:** 652935082

PRIVATE BAG X70 000, HOUGHTON, 2041, SOUTH AFRICA

Tel +27 11 547 5600 Fax +27 11 728 1111

Website: www.nelsonmandela.org