



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

UWM PUBLIC AWARENESS BOOKING FORM (ADULTS)

CONSENT FORM WASTE MANAGEMENT FACILITIES

Dear Sir/Madam

Urban Waste Management is striving to create awareness of the cause and effect of poor waste management behaviour. At the same time it continues involving people in efforts to minimise the health and environmental impact by encouraging waste avoidance and waste diversion. Educators, learners and their families are important partners in the City's efforts to do so, and it therefore offers learners the opportunity to visit one of its integrated waste management facilities to experience the waste stream journey and be part of the waste solution.

1. SAFETY RULES FOR VISITORS TO THE WASTE MANAGEMENT FACILITY

Visits to the facility will take place under the guidance of trained staff. Since it is an operational site, it has stringent safety rules and regulations. All visitors will have to adhere to these rules, and sign an indemnity form.

- Wear closed, non-slip shoes.
- You will be issued with a bib. Wear it at all times, and return it after your tour of the plant.
- Stay in your group with your guide, and do not stray or run around.
- Listen to your guide.

I, _____, the undersigned (full name and surname), hereby apply to participate in the excursion/visit conducted by the City of Cape Town's Urban Waste Management Department at the facility on _____ (date).

2. EMERGENCY CONTACT DETAILS

In the event of an emergency please contact _____ (insert full name and surname)

☐ _____ or cell: _____

Please indicate any medical conditions that the City staff should be aware of, if any (e.g. epilepsy; allergies, etc.):

3. INDEMNITY

I am aware that neither the City of Cape Town nor its staff or agents accept responsibility for any loss, injury or damage that I may sustain while participating in the excursion/visit, and waive any right I may have to claim compensation from the City of Cape Town, its staff or agents in respect of any loss, injury or damage incurred while engaged in the excursion/visit, howsoever arising and whether as a result of negligence or otherwise. I hereby indemnify them against all claims against the City.

Signed at _____ on this _____ day of _____ 20____

Signature of witnesses

Witness 1: _____

Witness 2: _____

PROTECTION OF PERSONAL INFORMATION

The City acknowledges that, for the purposes of this consent form, it may come into contact with or have access to personal information and other information that may be classified or deemed as private or confidential and which the visitor is responsible for in terms of the Protection of Personal Information Act (POPIA). Such personal information may also be deemed or considered as private and confidential as it relates to POPIA.

The visitor consents to the collection and processing of the personal information in terms of POPIA. This information will only be used in the event of an accident/incident during the tour.

The City confirms that it will at all times comply with POPIA and that it will only collect, use and process personal information it comes into contact with pursuant to this agreement in a lawful manner, and only to the extent required to execute the services.

The City confirms that it will notify the visitor immediately if there are reasonable grounds to believe that the personal information of a data subject has been accessed or acquired by any unauthorised person.

Unless so required by law, the City agrees that it will treat the personal information as confidential and further not disclose any personal information as defined in POPIA to any third party without the prior written consent of the visitor.

The visitor hereby indemnifies and holds the City harmless against all claims, losses, damages and costs of whatsoever nature suffered by the visitor arising from non-compliance with applicable data protection laws and/or other legislation.

Please complete if applicable

Transport indemnity form

If City transport is provided, please complete Annexure 12: transport indemnity form for passengers.

I, the undersigned _____ (full name and surname in block letters), identity number _____, travelling as a passenger in a motor vehicle or other mode of City transport, hereby indemnify, release and discharge the City, its Council, Council members, staff members, officials and other persons authorised by the City from all liability arising from claims that I as passenger and my dependants may have for any injury (including injury resulting in death), however caused, sustained by me and for loss of or damage, however caused, to my personal belongings suffered at any time during the course of my transportation as a passenger in a motor vehicle or other mode of City transport.

Signed at _____ on this _____ day of _____ 20____

Signature of witnesses

Witness 1: _____

Witness 2: _____