Logo, company name

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Description automatically generatedThe Wheels Project Ltd

# 31- 32 Bonville Road, Brislington, Bristol BS4 5QH

Tel: 0117 971 1711 email: [david@wheelsproject.org.uk](mailto:david@wheelsproject.org.uk)   
Registered Charity No: 1081236

PERMISSION TO ATTEND THE KARTING EVENT AT TEAMSPORT & PERMISSION TO USE PHOTOGRAPHS/VIDEO FOOTAGE (OVERLEAF)

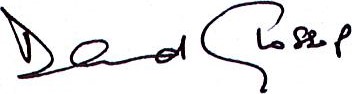
Dear Parent/Guardian

Your son/daughter is currently attending a course with us and will be taking part in a karting event at TeamSport, Avonmouth Way, Avonmouth, Bristol (tel: 0117 982 5698) during the last session of the term.

In order for him/her to take part, ***please complete the slip below to include your contact mobile number and email address and ensure that it is returned to us***. ***These details are required for registration purposes at the Karting Centre and otherwise will not be released outside of the Wheels Project.*** If we do not have a signed permission form your son/daughter will not be  able to take part. Please note also that your son/daughter's eligibility for attending this event will depend on his/her attendance and behaviour during the term.

The Wheels Project takes out Public and Employer's Liability Insurance cover but we do not offer cover for personal injuries that may result from accidents occurring during this activity, unless the Project can be shown to be failing in its duty to take all reasonable care for the safety of staff and service users. We take every precaution to ensure safety and if we feel that a student represents a high safety risk then he/she will be excluded from this session. We are not obliged, by law, to take out Personal Accident Insurance protection and I therefore recommend that you contact an insurance broker to discuss this matter and arrange any cover you feel necessary for your son/daughter.

Yours sincerely



# David Glossop

General Manager

l, as parent/guardian of the student named below, give my permission for him/her to take part in The Wheels Project's karting event (s).

Student's Name: **………………………………………………………  
*(please print in block capitals)***

Parent/Guardian’s  
Name: **………………………………………………………  
*(please print in block capitals)***

Email address: **……………………………….** Mobile No: **………………………………**  
Signed: **………………………………** Date:  **………………………………**

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The Wheels Project Ltd

# 31- 32 Bonville Road, Brislington, Bristol BS4 5QH

Tel: 0117 971 1711 email: [david@wheelsproject.org.uk](mailto:david@wheelsproject.org.uk)   
Registered Charity No: 1081236

Dear Parent/Guardian

# PHOTOGRAPHS/VIDEO FOOTAGE

Your son/daughter is currently taking part in one of our Wheels' Programmes.

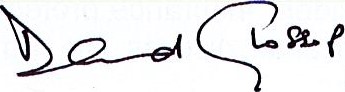
During this course we shall be taking photographs and video footage of the students working in the classroom and workshop and taking part in the driving event. We would like to use these photographs in our promotional material (eg leaflet, website, Facebook etc) to enable us to:

o show other organisations what our programmes involve. o show funders how their monies are being used.

We would be grateful if you would give us permission to use photographs and/or video footage which may include your son/daughter by signing the consent form below and returning it to us.

Thank you very much.

Yours sincerely



# 

# David Glossop

General Manaqer

l, as parent/guardian of the student named below, give my permission for him/her to have their photograph/s taken during their time at the Wheels Project

Student's Name: **………………………………………………………  
*(please print in block capitals)***

Parent/Guardian’s  
Name: **………………………………………………………  
*(please print in block capitals)***

## Signed: **………………………………………………………**

## Date: **………………………………………………………**