



# PARENTAL CONSENT FORM – VOLUNTEERS UNDER 16

I agree to \_\_\_\_\_(volunteer name)  
participating as a volunteer for ALD Life

I understand that the above named child:

- Should not receive any payment
- Will be covered by the Employers Liability Insurance however they will not be entitled to compensation through the National Insurance (Industrial Injuries) Act 1969 in the event of an accident
- Agrees to abide by the policies and procedures of ALD Life as set out in the shop/office manual

Signed: \_\_\_\_\_ Parent / Guardian

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_