McMASTER UNIVERSITY
VOLUNTEER’S AGREEMENT

(request permission from McMaster University, Department of ____________________________
to work without remuneration in (Room No.) ____________ in (Building) _______________________

In consideration of McMaster University permitting me to use such materials and equipment in the
designated space of (Building) ___________________________ and certain
other rooms as may be approved by the University from time to time, during the period of
________________________200__ to ___________________________200__

I hereby agree to abide by the University rules and regulations and to co-operate with other
(Building) ___________________________ users and I hereby remise, release and forever discharge
McMaster University, its faculty, staff, students, agents and employees of and from all manner of
actions, causes of actions, suits, claims, liabilities, losses, covenants, demands, accounts whatsoever
against McMaster University, its faculty, staff, students, agents or employees which I, the
undersigned, ever had, now have or may hereafter have, arising out of my use of the said premises,
equipment or materials.

I further hereby indemnify and save harmless McMaster University from and against all actions,
causes of action, interest, claims, demands, costs damages, expenses or losses which McMaster
University may bear, suffer or be put to by reason of any damage to personal property or injury or
death which I may bear, suffer or be put to or cause by reason of or as a result of or arising out of my
use of the said premises, equipment or materials.

I agree that:

a) I shall conduct my work only in ___________________________ building.

b) My activities shall be under the sole direction and supervision of
   ___________________________ or delegate, and no
   work shall be undertaken without prior approval from ___________________________

c) at times, as directed by ___________________________ work shall only be undertaken
   when other staff are present, especially during evening and weekend hours.

Dated at Hamilton, Ontario, this ____________________ day of __________________ 20__

Volunteer’s Signature: ___________________________  McMaster University
  Supervisor’s Signature: ___________________________

Witness Signature: ___________________________  Departmental Chair: ___________________________

  Department Head: ___________________________