

McMASTER UNIVERSITY
VOLUNTEER'S AGREEMENT

(Name and Address) _____

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 _____ 20__ to _____ 20__

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: _____