



McMASTER UNIVERSITY  
VOLUNTEER'S AGREEMENT

(Name & 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 \_\_\_\_\_ 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: \_\_\_\_\_