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 by 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: ______________________  Supervisor’s Signature: _______________

Witness Signature: _________________________  Departmental Chair: ___________________

Department Head: ________________________