

**VOLUNTEER'S AGREEMENT**

(Please forward the completed form to Stephanie Cherwinski, HSC-2N15)

I (name and address) \_\_\_\_\_

request permission from McMaster University, Department of Pathology and Molecular Medicine, to work without remuneration in (building / room #'s) \_\_\_\_\_

in consideration of McMaster University permitting me to use such materials and equipment in the designated space of (building / room #'s) \_\_\_\_\_ and certain other rooms as may be approved by the University from time to time, during the period from \_\_\_\_\_ to \_\_\_\_\_.

I hereby agree to abide by University rules and regulations and to co-operate with others.

Users and I hereby remise, release and forever discharge McMaster University, its faculty, staff, students, agents or employees of and from all manner of actions, causes of action, suits, claims, liabilities, losses, covenants, demands, accounts whatsoever against McMaster University, its faculty, staff, students, agents or employees which I, the undersigned, ever had, how have or may hereafter, arising out of my use of the said premises, equipment or materials.

I further hereby indemnify and safe harmless McMaster University from and against all actions, causes of action, interest, claims, demands, costs, damagers, 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 in (building / room #) \_\_\_\_\_.
- b) My activities shall be under the sole direction and supervision of \_\_\_\_\_ or his/her delegate \_\_\_\_\_ and no \_\_\_\_\_ work shall be undertaken without \_\_\_\_\_'s prior approval.
- c) At times, as directed by \_\_\_\_\_ work shall only be undertaken when other staff members are present, especially during evening or weekend hours.

Dated at Hamilton, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Volunteer's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

**NOTE:**

In the case of a non-Canadian volunteer, I (supervisor's name)

\_\_\_\_\_

confirm that medical coverage has been arranged for the duration of  
\_\_\_\_\_ 's volunteer assignment.

Dated at Hamilton, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.