(Name and Address) ___________________________________________________________
_____________________________________________________________________________
request permission from McMaster University, Department of ___________________________
to work without remuneration in (Room No.)__________ in (Building) ____________________
and certain other rooms as may be approved by the University from time to time during the
period, _______________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 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, 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, claims, demands, costs, damages, expenses, expenses or losses
which McMaster University 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:
1) I shall conduct my work only in________________ building.
2) my activities shall be under the sole direction and supervision
   of_____________________, or delegate, and no ___________work shall be undertaken without prior approval.
3) 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__________200

McMaster University
Supervisors

User Signature_________________ Signature________________________

Witness Signature______________ Dept Chair Signature_________________________
Dept. Head. Signature_______________________