General Outdoor Activity Risk Assessment Personal Checklist

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| **U3A Name** Battle & District U3A |
| **Interest Group (Insert)** |
| **Day and week in the month activity takes place (Insert)** |
| **Nature and Description of Activity (Insert brief description)**  |
| **Before Activity Personal Checklist:** **(To be completed by each participant)*** I have reviewed my personal health and circumstances and current Government and National Health guidance for different risk categories in Covid19 including measures recommended for people over 70 and/or with various medical conditions and I deem it safe to participate.
* The health risk category of anyone else isolating within my household has been reviewed and I deem it safe to participate.
* I have read this completed Assessment and in addition an indoor assessment checklist (as appropriate), have been appraised of any risks/hazards by the Group Leader and consider it safe for me to participate.

**Signed by Participant:** **Date:****…………………………………………. …………………….** |