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:**  **…………………………………………. …………………….** |