

# General Outdoor Activity Risk Assessment

## Personal Checklist

**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:**

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