 **WVCA RISK ASSESSMENT**

**OUTSIDE EVENTS**

**Nature of event:09**

**Date of event:**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Potential risk / injury** | **Measures to address risk** (avoid / minimise) |
| **General** | Emergency | * Where appropriate a list of attendees
* Mobile phone will be used to summon emergency services
 |
| **Traffic risks** |  |   |
| **River risks** |  |  |
| **Equipment risks** |  |  |
| **Will the event be attended by children / young people or persons with special needs?**(safeguarding measures) |  |  |
| **Other** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Person completing assessment**

Name: Signature: Date:

**WVCA Secretary**

Signature: Date: