

## Adaptive MTB Trails Evaluation Form

**Date:** \_\_\_\_\_ **Evaluator(s):** \_\_\_\_\_

**Trail System:** \_\_\_\_\_ **Trail Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Trailhead Address:** \_\_\_\_\_

**Trail Length:** \_\_\_\_\_

**Trail Direction:** \_\_\_\_\_

**Elevation**      Up  
                             Down

**Trail Type**              X-Country              Downhill              Climb              Jumphine              Technical

**Trail Surface**              Gravel              Paved              Rocky              Packed Dirt              Loose Dirt

**Trail Width**              Minimum              **Trail Grade**              Up  
                             Average              **Maximum**              Down

**Camber Max.**              Deg. On Straights              Deg. On Corners              Deg. On Berms

**Exposure**              None              Minimal              Moderate              Extreme

**Obstacles**              Berms              Rock Garden  
                             Bridges      Width:              Rollers  
                             Drops      Max:              Roots              Max Width:  
                             Gap Jumps      Max:              Steps              Height:  
                             Rock Rolls      Height:              Tabletops  
   Wood Features      Type(s):

Other: \_\_\_\_\_

**Switchbacks**              Uphill              Downhill              Steep Berm              Off Camber

**Parking and Trail Access**

Are there handicapped parking spots?              Yes              No              Paved  
 Are there restrooms at the trailhead?              Yes              No              WC Accessible  
 Is a permit needed at the trailhead?              Yes              No      Type:

Notes/Special Instructions