

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