

# Adaptive MTB Trails Evaluation Form

Date:

Evaluator(s):

Trail System:

Trail Name:

City:

Trailhead Address:

Trail Length:

Trail Direction:

Elevation      Up  
                          Down

<b>Trail Type</b>	X-Country	Downhill	Climb	Jumpline	Technical
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<b>Trail Surface</b>	Gravel	Paved	Rocky	Packed Dirt	Loose Dirt
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<b>Trail Width</b>	Minimum		<b>Trail Grade</b>	Up	
	Average		<b>Maximum</b>	Down	

<b>Camber Max.</b>	Deg. On Straights	Deg. On Corners	Deg. On Berms	
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<b>Exposure</b>	None	Minimal	Moderate	Extreme
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<b>Obstacles</b>	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:			

<b>Switchbacks</b>	Uphill	Downhill	Steep Berm	Off Camber
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**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