

QUESTIONNAIRE

To better serve you, for safety's sake, and, in the case of non-private packages, to facilitate additional riders that may wish to join your group, please fill out the form below and return it with your waiver. Failure to return these forms in a timely manner may result in cancellation.

Name: _____ Male Female Other

Age? _____ Weight? _____ Height? _____ Nationality? _____

Any existing health problems, handicaps, recent surgeries, heart disease in the family, asthma, allergies?

Yes No If so, explain on back of form.

Have you ever had an accident on your bike that resulted in an injury? Come on now, be honest.

Yes No If so, explain on back of form.

Have you ever experienced vertigo or have an unnatural fear of heights or vertical exposure? ----- Yes No

How long have you been riding a mountain bike?

Less than a year 1 to 2 years 3 years 4+ years

How often do you ride?

Once a week or less Twice a week More than twice a week

What brand and style of bike do you ride and how much did you pay for it? _____

Did you build up your own bike? ----- Yes No

Do you personally perform required maintenance on your bike? ----- Yes No

Do you ride with front suspension? ----- Yes No

Do you ride with rear suspension? ----- Yes No

What type of pedals do you use?

Plain pedals Clips and straps Clipless pedals - what kind? _____

Where do you ride and on what kind of trails?

What kind of riding do you prefer?

Singletrack Desert jeep roads Rugged open terrain Dirt roads Slickrock
 Fire road High altitude Climbing Downhill Pavement Jumping

Do you ride a road bike? ----- Yes No

Do you or did you ride BMX bikes? ----- Yes No

Have you ever ridden off road on a motorcycle? ----- Yes No

Do you, or have you ever, raced bicycles? ----- No Yes - Road Mountain

And at what level? ----- Beginner Sport Expert Professional

Do you see yourself as a novice intermediate advanced or expert rider?

Have you ever taken a class in mountain bike skills, safety, and/or maintenance?

Yes No If so, with whom? _____

Are you qualified in First Aid and CPR? ----- Yes No First Responder

Just what do you want from your mountain bike vacation with Dreamride?

Safety Physical challenge Technical challenge Wilderness experience
 Wildlife viewing Extreme riding Scenery Action photography
 Landscape and/or portrait photography Social interaction Try a new bike

Where did you hear about Dreamride?

Magazine Web site Word of mouth Friend I am a repeat client Other _____

Why did you choose Dreamride?

Quality Small groups Recommendation Experience Environmental focus
 Access to little known riding areas Other _____

Did you read the accompanying waiver fully before signing it? Come on now, read it ----- Yes No

Do you plan to return to Moab in the future? ----- Yes No Maybe

Please state on the back of this form any comments, questions, or suggestions you may have that could possibly help us in serving you.

Signed _____ Date _____