

ADVENTURE TOURISM SUPPLEMENTARY QUESTIONNAIRE FOR
MOUNTAIN BIKING

1. PARTICIPANT INFORMATION:

Please describe participants for an **average** trip:

| | | |
|--------------------|--------------|-----------|
| TOTAL PARTICIPANTS | # UNDER 18** | # OVER 18 |
| | | |

**Please confirm that all underage participants will be accompanied by a guardian: _____

Do you have a minimum age requirement? _____

In your own opinion, how many of the participants PER TRIP will be classified as:

| TOTAL PARTICIPANTS | NOVICE LEVEL (LITTLE OR NO EXPERIENCE.) | INTERMEDIATE LEVEL (SOME EXP.) | SENIOR LEVEL (NUMBER OF EXP.S) | ADVANCED LEVEL (CERTIFIED LEVEL) |
|--------------------|---|--------------------------------|--------------------------------|----------------------------------|
| | | | | |

Total number of **certified** guides on this trip. _____

2. SAFETY INFORMATION:

Are helmets used by all participants? Yes No
 If not, please explain: _____

Please outline all safety equipment worn by participants while on trip: _____

Do you perform an equipment check before embarking? Describe: _____

3. TRIP INFORMATION:

Enclose a copy of a map, drawing or description that the trip will take and identify all trails. Indicate length of trips in description. Indicate if all trails are maintained

Map or description must be attached: Yes No

TRIP INFORMATION CON'T

Are the trails you use considered mild, moderate or challenging?_____

Are there any obstacles on the course? Describe:_____

Do you travel on vehicled roads? Explain: (This may affect your eligibility for insurance)_____

| BROKER CONTACT INFORMATION | | | |
|-----------------------------------|--|--------------|--|
| Agent Name: | | Address: | |
| Broker Name: | | | |
| E-Mail: | | City: | |
| Phone: | | Province: | |
| Fax: | | Postal Code: | |

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