



THE BAHAMAS OUT ISLAND VALENTINE EXPERIENCE

Feb. 10, 2019 - Feb. 15, 2019

ITINERARY, AGREEMENT AND FORMS

Caribbean Sky Tours' (CST) Fly-In to The Bahamas Out Islands departs from Fort Lauderdale Executive (KFYE) on February 10, 2019 and returns to Fort Lauderdale Executive (KFYE) on February 15, 2019.

1. TRIP ITINERARY

A trip review and briefing will be held Saturday evening, February 9 at 6:00pm for those already arrived in Fort Lauderdale. We will have another pre-flight briefing before departure at 8:00am Sunday morning at the Banyan FBO terminal, Fort Lauderdale Executive airport.

Day 1 Sunday, Feb. 10

Meet at the Banyan FBO at the Fort Lauderdale Executive airport for our final pre-departure briefing and flight to Stella Maris on Long Island where we will clear customs and immigration. Our route will take us over numerous islands, breath-taking scenery of sand bars and reefs, so have the camera ready! Our destination is the Stella Maris Resort nestled in a palm grove overlooking the Atlantic and surrounded by beautiful tropical gardens, all located right next to the resort's airport. The hotel features 7 secluded beach coves and three different pools amongst which you will surely find the perfect relaxation spot. After some time to relax, we will enjoy a Rum Punch welcome party with live Rake 'n Scrape music.

Meals Included: *Dinner*

Day 2 Monday, Feb. 11

Day trip to Deadman's Cay. This is an optional day trip. After breakfast we will head to Dean's Blue Hole in rented vans. The blue hole is located west of Clarence Town on the southern end of Long Island. Participants will be able to swim and snorkel in Dean's Blue Hole, the second deepest in the world, located next to a beautiful beach. Before returning to Stella Maris, we will visit Clarence Town, tour the sleepy island village and have lunch. After lunch, we will return to Stella Maris and meet for dinner at the resort restaurant. This Day Trip provides a special opportunity to explore the less traveled parts of the Bahamas and experience the true charm of the Out Islands.

Meals Included: *Breakfast and Dinner*

Day 3 Tuesday, Feb. 12

A day to soak up the sun at one of the three swimming pools and enjoy the activities offered by the resort: biking, kayaking, paddle boarding or taking a snorkeling trip and beach excursion. We will reconvene in the late afternoon for a pre-flight briefing to review the two flights for the next day and get together for dinner at the resort's restaurant.

Meals Included: *Breakfast and Dinner*



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Day 4 Wednesday, Feb. 13

Day trip to Staniel Cay. This is an optional Day Trip. After breakfast we will transfer to the Stella Maris airport for our flight to Staniel Cay in the Exumas where you can stroll around the island and enjoy a typical Bahamian lunch at the Staniel Cay Yacht Club. An optional boat tour to the famous James Bond “Thunderball” grotto, for some cave snorkeling followed by a visit to see the swimming pigs (yes, really!) will be available. After lunch, we will make the short flight to our next destination: New Bight on Cat Island known for “Rake and Scrape” music and its friendly people. After securing the airplanes, we will check into the Fernandez Bay Village resort and enjoy its warm Bahamian atmosphere, unique accommodations and spectacular half moon bay.

Meals Included: *Breakfast and Dinner*

Day 5 Thursday, Feb 14

Enjoy the beautiful, tranquil beach and turquoise waters of Fernandez Bay, take advantage of the resort’s complimentary kayaks and explore the bay and nearby creeks. Visit “the Hermitage”, a miniature monastery built atop “Mount Alvernia”, the highest point in the Bahamas with a whopping 206 feet of elevation! Take the opportunity to visit the town of New Bight and enjoy a meal at a typical Bahamian island restaurant.

Meals Included: *Breakfast and Dinner*

Day 6 Friday, Feb 15

After breakfast and having checked out of the resort we will transfer to the New Bight airport and check out with Bahamas immigration and customs. Along our route of flight back to Florida you will have the opportunity to enjoy a spectacular view of the Schooner Cays. Upon arriving at the Fort Lauderdale Executive airport to clear US CBP.

Meals Included: *Breakfast*

2. NAVIGATION INFORMATION

Our route of flight is planned to take us over islands and within gliding distance to land on the majority of the legs. A GPS with a moving map and a 406 MHz Personal Locator Beacon (PLB) are recommended.

Fort Lauderdale KFXE to Stella Maris (MYLS)	327 NM
Stella Maris (MYLS) to Staniel Cay (MYES)	81 NM
Staniel Cay (MYES) to New Bight (MYCB)	55 NM
New Bight (MYCB) to Fort Lauderdale (KFXE)	330 NM
Total distance:	793 NM

Charts required: FAA VFR Caribbean 1 (included)



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3. PRICING

\$ 395 airplane registration fee (includes processing, pilot's guide, charts, entry permit)

\$2,100 per person, double occupancy NON-MEMBER PRICING

\$ 1,999 per person, double occupancy for CST Pilots Association Members

Single person supplement available on request

Prices are for double occupancy and include all applicable taxes and service charges. Rates are based on TWO (2) people sharing a room with a private bath or shower. If allowed by the accommodation supplier, additional persons may stay in the room, provided they pay applicable supplemental expenses for accommodations, meals, transportation and activities.

Items Included in price

- CST staff present at all airport arrivals and group activities
- VFR Caribbean 1 Charts
- Lodging in Long Island and Cat Island
- Meals in The Bahamas as specified in itinerary
- Transportation between airport and hotel, as well as to and from all group activities

Generally not included

- Tips (waiters maid, service, bell boys, drivers, local tour operators)
- Room service
- Alcoholic beverages

Not included

- Fuel
- Telephone calls
- Souvenirs
- Additional gratuities, beverages or meals not specified in the itinerary
- Travel, medical or life insurance
- Optional excursions/activities
- Any other items not specifically mentioned as included

4. BOOKING & CANCELLATION POLICY

Airplane registration fee and a 50% deposit of the balance of the trip cost are due at the time of booking to reserve your place on the trip. Full payment is due 30 days prior to the trip. Payments may be made by check or credit card. Cancellations for any reason are subject to the following:

- Cancellations that occur more than 30 days prior to the trip are fully refundable except for the Airplane Registration Fee.



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- If cancellation occurs 21 to 30 days before the date of the trip, CST will retain 25% of the cost of the trip and the Airplane Registration Fee.
- If cancellation occurs 15 to 20 days prior to the date of the trip, CST will retain 50% of the cost of the trip and the Airplane Registration Fee.
- If cancellation occurs 7 to 14 days prior to the date of the trip, CST will retain 75% of the cost of the trip and the Airplane Registration Fee.
- Cancellation made 6 days or less prior to the date of the trip are non-refundable.

5. MEDICAL INSURANCE

CST **strongly recommends** that participants verify that their medical insurance covers them on their trip and if it does not, that they obtain sufficient and satisfactory insurance for the entire time of their trip.

6. MODIFICATIONS, CANCELLATIONS OF TRIPS

CST is not responsible for the loss of accommodations, meals and any other expenses already paid for by the client, or any additional costs for accommodations, meals or other expenses due to the client's inability to begin or complete the trip due to problems with the client's aircraft, client illness or any and all problems of any kind associated with the client. CST is not an agent of any of the third-party providers providing accommodations, meals or other services in furtherance of this trip.

CST reserves the right to make changes to the trip itinerary, shorten the trip, or cancel the trip altogether due to weather, strikes, civil unrest, government interference, airport closure, war or any cause that could make the trip illegal, inadvisable, unsafe or impossible. In addition, CST may shorten or modify a trip due to the failure of a provider or providers to provide accommodations or activities. **Any expenses related to these changes will be the sole responsibility of the client.** If a trip is shortened, or cancelled, by causes beyond CST's control (war, flood, civil unrest, force of nature, etc.), clients will be refunded whatever monies are refunded by suppliers of accommodations, meals and activities, based upon each supplier's cancellation policies. If a trip is cancelled due to an insufficient number of participants, CST will refund the full deposit paid by each client.

CST has the right to remove a participant from the trip due to illness, illegal or incompatible behavior. If removed, the client will only be due a refund per CST's cancellation policy.

7. REQUIRED DOCUMENTS

As this is an international trip, the following documentation for the aircraft, crew and passengers is required:

AIRCRAFT

- Airworthiness Certificate
- Registration Certificate
- Insurance policy with coverage in The Bahamas.
- US Customs and Border Protection Decal



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- FCC Radio Station License for the aircraft

CREW

- Valid Passport
- Airman Certificate (Pilot License)
- Medical Certificate
- Restricted Radio Operator Permit

PASSENGERS

- Valid Passport

8. SIGN-UP PROCEDURE

To sign-up for this trip, you must correctly complete and submit the appropriate forms and your deposit. Terms & Conditions Form and Waiver of Liability Form must be signed by legal guardian of participants under 18 years of age. The information requested on the forms is also required in order for us to aid you in preparing all of the necessary aviation, immigration and customs forms. Please **fill out all forms legibly, using block letters. You can scan and e-mail the completed and signed forms and the required documents to info@caribbeanskytours.com** (preferred) or FAX them to our Toll Free FAX number at 1-888-632-3196. Your reservation will not be accepted until ALL documents and forms have been properly completed and submitted and your deposit has been received, at which time a confirmation will be sent to you.

The following forms must be completed and submitted:

- Terms & Conditions Form
- Aircraft Information Form
- Crew & Passenger Information Form
- Payment Form
- Liability Waiver Form (one for each participant)

The following documents must be e-mailed or FAXED for review and processing of entry permit:

- Picture page of the passport of each participant (pilots AND Passengers)
- Aircraft Registration
- Aircraft Airworthiness Certificate
- Pilot's License
- Medical certificate
- Proof of aircraft insurance, specifically those pages that state coverage in The Bahamas.

I have read, understand and agree to the Terms & Conditions of the trip herein contained and am signing on behalf of myself and my guests/family/passengers from whom I represent that I have been given authority to sign on their behalf.



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DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

"MAKO LEASING COMPANY I LLC DBA: CARIBBEAN SKY TOURS is registered with the State of Florida as a Seller of Travel.
Registration No. ST36470."



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AIRCRAFT GENERAL INFORMATION

Tail Number _____ Make _____ Model _____

Base color _____ Trim color(s) _____

Owner Name _____

Owner Street _____

Owner City _____ Owner State _____ Owner Zip _____

Operator Name _____

Operator Street _____

Operator City _____ Operator State _____ Operator Zip _____

Operator Tel(s) _____

Operator Email(s) _____

Aircraft Home Airport _____ CBP Decal Number _____

PERFORMANCE INFORMATION

MTOW (lbs) _____ Range with reserves (Nm) _____ TAS at cruise (Kts) _____

TRANSPONDER AND SURVEILLANCE INFORMATION (Only select those items that you are sure that you have)

<input type="checkbox"/> P - Mode S, Alt, No Acft ID	<input type="checkbox"/> B1 - ADS-B with dedicated 10990 MHz ADS-B "out"
<input type="checkbox"/> N - No Transponder Capability	<input type="checkbox"/> B2 - ADS-B with dedicated 10990 MHz ADS-B "out and in"
<input type="checkbox"/> A - Mode A (No Mode C)	<input type="checkbox"/> U1 - ADS-B "out" capability using UAT
<input type="checkbox"/> C - Mode A and Mode C	<input type="checkbox"/> U2 - ADS-B "out and in" capability using UAT
<input type="checkbox"/> X - Mode S, No Altitude, No Acft ID	
<input type="checkbox"/> I - Mode S, Acft ID, No Altitude	
<input type="checkbox"/> S - Mode S, Acft ID, Altitude	

NAV-COMM EQUIPMENT

<input type="checkbox"/> Standard (VHF-Comm, VOR, ILS)	<input type="checkbox"/> ILS
<input type="checkbox"/> VHF	<input type="checkbox"/> VIR
<input type="checkbox"/> HF	<input type="checkbox"/> INS
<input type="checkbox"/> UHF	<input type="checkbox"/> MLS
<input type="checkbox"/> 8.33 spacing	<input type="checkbox"/> TACAN
<input type="checkbox"/> GPS	<input type="checkbox"/> DME
<input type="checkbox"/> LPV	<input type="checkbox"/> ADF
<input type="checkbox"/> GBAS	

RNAV and RNP

<input type="checkbox"/> B1 - B2 thru B5	<input type="checkbox"/> C1 - RNAV 2 ALL
<input type="checkbox"/> B2 - RNAV 5 GNSS	<input type="checkbox"/> C2 - RNAV 2 GNSS
<input type="checkbox"/> B3 - RNAV 5 DME/DME	<input type="checkbox"/> C3 - RNAV 2 DME/DME
<input type="checkbox"/> B4 - RNAV 5 VOR/DME	<input type="checkbox"/> C4 - RNAV 2 DME/DME/IR
<input type="checkbox"/> B5 - RNAV 5 INS or RNS	<input type="checkbox"/> D1 - RNAV 1 ALL
<input type="checkbox"/> B6 - RNAV 5 LORAN C	<input type="checkbox"/> D2 - RNAV 1 GNSS1
	<input type="checkbox"/> D3 - RNAV 1 DME/DME
	<input type="checkbox"/> D4 - RNAV 1 DME/DME/IRU



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If you have arranged for Caribbean Sky Tours to present your eAPIS submission, then you MUST provide ALL the information requested below. If Caribbean Sky Tours IS NOT submitting an eAPIS on your behalf, then it IS NOT necessary to complete those items denoted "eAPIS".

CREW INFORMATION

-- Complete one copy for EACH crew member --

Crew member status (e.g. pilot, copilot)	
Name (first, middle, last)	
Gender	
Country of citizenship	
City and state of birth	
Country of birth	
Country of residence	
Date of birth	
Passport number	
Passport country	
Passport date of issue	
Passport date of expiration	
Pilot license number	
Address in the USA	
Permanent Address (if it is not your USA address)	
Pilot telephone number	
Pilot cellphone number	
Pilot e-mail address	



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PASSENGER INFORMATION

-- Complete one copy for EACH passenger --

Name (first, middle, last)	
Gender	
Country of citizenship	
City and state of birth	
Country of birth	
Country of residence	
Date of birth	
Passport number	
Passport country of issuance	
Passport date of issue	
Passport date of expiration	
Address in the USA	
Permanent Address (if it is not your USA address)	
Passenger contact telephone number	
Passenger cell phone number	
Passenger e-mail address	



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TRIP PAYMENT FORM

	COST		No. of Participants	=	TOTAL		DEPOSIT DUE	
Aircraft Registration Fee	\$395			=	\$395.00	X	100% = \$395.00	
Participant	\$1,999.00	X	[]	=	[]	X	50% = []	
Single Supplement	[]	X	[]	=	[]	X	50% = []	
Children under 6	[]	X	[]	=	[]	X	50% = []	
Single Supplement	[]	X	[]	=	[]	X	50% = []	
TRIP TOTAL =					[]			
						DEPOSIT Due Now = []		

Payment for the trip can be made by check, ACH deposit or credit card. If paying with a check, please make check payable to Mako Leasing Company I, LLC and mail it to 6303 Blue Lagoon Drive Suite 400, Miami, FL 33126. If paying by credit card, please complete the information below. **Checks and ACH deposits are preferred as methods of payment.**

CREDIT CARD INFORMATION

American Express
 Visa
 MasterCard

Name of Credit Card Holder: []

Credit Card Number: []

Billing Address: []

Expiration Date: [] Security Code: []

I hereby authorize Mako Leasing Co. I, LLC DBA: Caribbean Sky Tours to charge my credit card for the amount shown as DEPOSIT Due Now and then to charge the remaining balance amount 30 days prior to the date of the trip.

Card Holder Signature: _____ Date: _____

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WAIVER, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE

THIS AGREEMENT (hereinafter referred to as the "Agreement") is made on the below-stated date, by and between Mako Leasing Company I, LLC, d/b/a Caribbean Sky Tours, and including all of its subsidiaries, members, directors, officers, employees, agents, independent contractors, heirs, representatives, successors and assigns (herein referred to as "CST,") and the undersigned user or prospective user (jointly and severally referred to as the "User" or "I" or "me" or "my,") of some or all of the information and/or services provided by and/or arranged and/or suggested by CST, which information and services include, but are not limited to, its Vacation Planning Service, and Aeronautical Planning Service, Fully Escorted Trips, Travel Emergency Hotline and its *Pilot's Guide to Mexico* (hereinafter individually and collectively referred to as the "Services").

WHEREAS, I intend to utilize the Services of CST and to participate as a pilot, passenger or other participant in certain travel to Mexico, Central America, South America, the Bahamas and the Caribbean, arranged by and/or suggested to me, the User, by CST (hereinafter referred to as the "Travel"); and

WHEREAS, I understand that in participating in the Travel, I may be exposed to certain risks, including the risks of injury or death to the me and/or others, and/or damage or destruction of the my property and/or the property of others;

In consideration of the CST's providing me with the Services, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree that:

1. I understand and agree that travel to, from and within Mexico, Central America, South America, the Bahamas and the Caribbean and/or acting as a pilot, or being a passenger, in general aviation aircraft, will expose me to risks, both foreseen and unforeseen, which include the risks of injury or death to me and/or others, and/or damage or destruction to my property and/or the property of others. These risks include but are not limited to the risks of aircraft accidents, incidents and crashes, aircraft malfunctions, drowning, exposure, deep vein thrombosis, disease, parasites, molds, heatstroke, dehydration, insect bites, snake bites, stings, toxic plants and plants which cause allergic reactions, HIV/AIDS infection, dengue fever, malaria, cholera, typhoid fever, paratyphoid fever, polio, hepatitis, food poisoning, and other diseases and risks known or unknown.

2. I also understand that medical care and/or emergency response may be of a lower quality than that expected in the United States of America, or that even if the medical care and/or emergency response is of a similar quality, it may be difficult or impossible to receive medical care and/or emergency response in time for it to be effective to prevent my death, the death of others, my injury or the injury to others, the extent of my injury or the injury to others, or the damage of my property or the property of others.



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3. With full knowledge and understanding of the foregoing, and with full understanding of the potential dangers and possible consequences of my use of the Services and the Travel, I hereby, of my own free will and without inducements, promises or statements, other than those contained in this Agreement, **EXPRESSLY ASSUME ALL RISKS OF ANY NATURE WHATSOEVER FOR ANY DEATH, INJURY OR OTHER DAMAGES** to myself, my property, and the person and the property of others, which may arise out of my involvement in the Travel, **I KNOW AND FULLY APPRECIATE THAT RELIANCE ON AND/OR USE OF THE SERVICES AND THE TRAVEL EXPOSE ME TO THE RISK OF PERSONAL INJURY AND EVEN DEATH. I FULLY APPRECIATE THE DANGERS AND VOLUNTARILY, EXPRESSLY, ASSUME THESE RISKS.**

4. For the valuable consideration stated in this Agreement, I do, for myself and for my heirs, representatives, assigns, successors, and administrators, **HEREBY EXPRESSLY RELEASE AND WAIVE ANY AND ALL CLAIMS** for negligence, gross negligence, and for any other cause of action whatsoever, which I may presently or hereafter have, against CST.

5. I agree never to institute any suit or action at law or otherwise against CST, or assist in the prosecution of any claim for damages or any cause of action which I may have by reason of injury to my person or any property, or my death, or injury, death or property damage of others, arising from my use or reliance on the Services. I further expressly agree that I will never raise any claim against CST for product liability, failure to warn, negligence, breach of warranty, breach of contract, or strict liability, regardless of whether my claims for damages or injuries are alleged to result from the fault or negligence of CST. I further agree that my heirs, executors, administrators, personal representatives and/or anyone else claiming on my behalf, shall not institute any suit or action at law or otherwise against any of the Released Parties, nor shall they initiate or assist in the prosecution of any claim for damages or cause of action which I, my heirs, executors, personal representatives, and/or anyone else claiming on my behalf may have by reason of injury to my person or any property, or my death, arising from my use or reliance on the Services, whether caused by the negligence and/or fault, either active or passive, of CST, or from any other cause. I hereby so instruct my heirs, executors, administrators, personal representatives, and/or anyone else claiming on my behalf, that should any suit or action at law or otherwise be instituted in violation of this Agreement against CST, I agree that CST shall be entitled to recover, in addition to any other damages that may be incurred, reasonable attorneys' fees and costs incurred in defense of such suit or action, including any appeals therefrom.

6. I hereby agree to defend, indemnify, save and hold harmless CST from any and all losses claims, actions or proceedings of every kind and character whatsoever, including but not limited to claims for compensation, consequential, punitive, and other damages, attorneys' fees and third parties, which may arise directly or indirectly as a result of my utilization of the Services and/or the Travel, whether resulting from the negligence, gross negligence, and/or fault, either active or passive, of CST, or from my own negligence, gross negligence and/or fault, either active or passive.

7. I certify that considering my lifestyle, the hazardous nature of general aviation, flying an aircraft to, from and within Mexico, Central and South America, the Bahamas and the Caribbean and the Travel in which I am about to engage, and the manner in which I am supporting my dependents,



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if any, I have made adequate provisions for my spouse, if any, my heirs, if any and all other persons dependent upon me so that in the event of my death or injury they will suffer no financial loss for which I have not made adequate provisions.

8. I understand and agree that this Agreement is a legally binding contract. I have executed this Release of Liability and Waiver of my own free will. I further agree that should any court determine that any clause or provision of this contract is illegal or otherwise unenforceable, such determination shall not affect the validity and enforceability of the remaining provisions hereof, all of which shall remain in full force and effect.

9. I understand and agree that this Agreement applies to all phases of my involvement in the use of the Services and my participation in the Travel, and I agree that **THIS DOCUMENT SHALL BE BROADLY CONSTRUED IN FAVOR OF CST AND AGAINST ME** and that any and all ambiguities shall be resolved in favor of any and all of CST.

10. I hereby agree and acknowledge that all of the terms and conditions of this Agreement and Waiver shall continue in full force and effect now and in the future at all times during which I utilize the Services or participate in the Travel and shall be binding upon my heirs, executors, administrators, personal representatives and/or anyone else claiming on my behalf.

11. The procedural and substantive law of the State of Florida shall apply to any and all issues involving the construction, interpretation and validity of this Agreement, and Florida procedural and substantive law shall govern any dispute between the parties hereto arising from the activities covered by this Agreement. Any and all provisions of this Agreement to the contrary notwithstanding, if suit is brought against CST," I hereby explicitly waive my right to a jury trial and agree that the state courts of Miami-Dade County, Florida shall be the sole venue for any suitor action arising from the activities covered by this Agreement.

12. This Agreement contains the entire agreement of the parties hereto with respect to the subject matter herein addressed, and all prior understandings and agreements, whether written or oral, between the parties hereto relating to the subject matter of this Agreement are merged in this Agreement or superseded hereby; provided further, however, that if I have executed, or in the future execute any other agreement or agreements containing provisions relating to the Travel, I agree that the agreement which provides the most protection from liability and/or suit to CST shall be deemed to be controlling. This Agreement shall not be amended, modified, or altered without the express, written, consent of all of the parties hereto.

I HAVE CAREFULLY READ THIS ENTIRE WAIVER, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE ("AGREEMENT") AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM ENTERING INTO A BINDING CONTRACT, AND I AM THEREBY GIVING UP IMPORTANT LEGAL RIGHTS, AND IT IS MY



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INTENTION TO DO SO. I AM FURTHER AWARE THAT I SHOULD SEEK COMPETENT LEGAL COUNSEL PRIOR TO SIGNING THIS DOCUMENT, AND BY MY SIGNATURE BELOW, IN ADDITION TO AGREEING TO ALL OF THE TERMS, CONDITIONS AND COVENANTS CONTAINED IN THIS DOCUMENT, I HAVE EITHER CONSULTED COMPETENT LEGAL COUNSEL, OR HAVE VOLUNTARILY CHOSEN NOT TO DO SO.

**(Each participant is required to sign the Liability Waiver. In case there are more than two participants in your party, please print, sign and turn in the additional copies needed)*

WITNESS MY HAND AND SEAL: _____

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

WITNESS MY HAND AND SEAL: _____

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

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