

TRIP TERMS & CONDITIONS

Caribbean Sky Tours' (CST) Palenque-Campeche Adventure Fly-In departs from Brownsville, TX on Sunday, November 2,2008 and returns to Brownsvile, TX on Saturday, November 8, 2008. There will be a pre-flight briefing Saturday, November 1'st at 7:00 pm at the Brownsville Staybridge Suites for those participants who have arrived (pre-flight briefing location to be confirmed). The group will meet at Southmost Aviation on Sunday November 2'nd at 7:30 am for a final trip review and briefing.

1. ITINERARY

Day 1 - Sunday

Leave from Brownsville, TX to Veracruz International Airport. Refuel, clear customs and immigration, process entry permits. Transfer to hotel and check in. Participants are free to relax in the city center or take the city bus tour. **Meals Included**: *Dinner*

<u>Day 2 - Monday</u>

Transfer to the Veracruz airport for our departure to Campeche. Upon arrival, we will transfer to our hotel located in the city center. Participants are free to stroll along the boardwalk, explore the bulwarks and city wall, or take a tour of the city in one of the trams that depart from the zocalo (main square).

Meals Included: Breakfast and Dinner

<u> Day 3 - Tuesday</u>

Group Activity: Day trip to the Mayan archaeological site of Edzna and lunch at a restored colonial Hacienda. In the afternoon, participants are free to relax and enjoy the city. **Meals Included**: *Breakfast and Lunch*

Dav 4 - Wednesdav

Take advantage of this last day to get that last minute shopping or exploring done. For the restless adventurers in the group, we can recommend a number of optional activities or flying destinations (Xpujil, Calakmul, Kohunlich, for example) to continue exploring unique destinations in the area.

Meals Included: Breakfast and Dinner

Day 5 - Thursday

Early morning transfer to the Campeche airport and departure for Palenque. Upon arrival, we will transfer to our hotel set on the foothills of the Sierra Madre mountains. Participants are free to relax at the hotel or take a taxi into the quaint colonial town. **Meals Included**: *Breakfast and Dinner*

<u>Day 6 - Friday</u>

Group Activity: We will venture up the mountain to the enigmatic and spectacular archeological site of Palenque located in the rain forest on the side of the Sierra Madre mountains. After touring the site, we will travel further into the mountains to the waterfalls of Agua Azul where you can enjoy the view of the waterfalls, considered one of the most beautiful in Mexico. While at the waterfalls, you can relax or take a dip in the brisk mountain water. There will a pre-flight briefing in the evening for the return trip to Brownsville.

Meals Included: Breakfast and Lunch

Day 7 - Saturday

Early morning transfer to the Palenque airport and depart for Veracruz to refuel and complete departure formalities and then depart for Brownsville, TX. **Meals Included**: *Breakfast*



NAVIGATION INFORMATION

Our route will take us along the coast of Mexico offering a spectacular view of miles of Gulf Coast beaches. Our port of entry will be the historic port city of Veracruz.

Brownsville to Veracruz	440 NM
Veracruz to Campeche	383 NM
Campeche to Palenque	170 NM
Palenque to Veracruz	263 NM
Veracruz to Brownsville	440 NM

Total distance:

1,696 NM



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Airports of landing				
Brownsville				
Veracruz				
Campeche				
Palenque				

ICAO Identifier KBRO MMVR MMCP MMPQ

Mexico Identifier	<u>R</u>
VER	
CPE	
PQE	





<u>3. PRICING</u> <u>Normal Price:</u> \$ 350 Airplane registration \$ 2,400 per person, double occupancy Cost per additional person or for single occupancy available upon 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
- Assistance in preparing and filing flight plans, immigration forms, customs forms, entry permit
- A copy of CST' Pilot's Guide to Mexico's Yucatan Peninsula
- DOD IFR charts L1/L2, ONC J24 & ONC J25 VFR charts
- Mundo Maya reference map
- Lodging in Mexico
- Meals in Mexico, as specified in itinerary
- Transportation between airport and hotel, as well as to and from all group activities
- All entrance fees, charter costs, guides and transfers for Group Activities specified in the itinerary
- Most tips and gratuities (unless otherwise specified)
- Mexican entry permit for aircraft

Generally not included

- Tips for maid service and bell boys
- Room service
- Alcoholic beverages

Not included

- Optional Group Activities (Kohunlich day trip)
- Customer's aircraft fuel, landing fees, ramp fees and related aircraft operating costs
- Telephone calls
- Souvenirs
- Additional gratuities, beverages or meals not specified in the itinerary
- Travel, medical or life insurance
- Optional excursions
- Any other items not specifically mentioned as included
 Toll Free TEL 1-866-420-9265 / Toll Free FAX 1-888-632-3196 / info@caribbeanskytours.com



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.
- 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. TRAVEL & MEDICAL INSURANCE

CST highly recommends that any person signing up for any trip obtain travel insurance. Most insurance companies will offer package or comprehensive policies that include coverage for trip interruption, trip cancellation, medical emergencies, emergency medical transportation and travel accidents, among other things. Most package insurance policy rates range from 5 to 8 per cent of the total cost of the trip. Some companies offer "Cancel for Any Reason" policies available at an additional cost.

As with any contract, we recommend getting detailed information on the policy or policies that you are considering for purchase and to make sure you have read and understood what is included in the fine print.

CST also **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. 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

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Palenque-Campeche Adventure Fly-In, Terms & Conditions Page 4 of 12



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 must FAX the following completed and signed documents to our Toll Free FAX number 1-888-632-3196, or mail them to 411 Walnut St., No. 3094, Green Cove Springs, FL 32043. You reservation will not be accepted until ALL documents 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)
- Aircraft Registration
- Aircraft Airworthiness Certificate
- Pilot's License
- Medical certificate
- Passport photo page of each participant
- Proof of aircraft insurance, specifically those pages that state coverage in Mexico, the dollar limits of coverage and the dates of policy coverage. To travel to Mexico, your aircraft insurance policy must clearly show coverage in Mexico and 3rd party liability coverage of at least US\$ 250,000.00. Verify this coverage with your insurance company, and call us if you have any questions regarding these requirements.

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.

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."



Palenque-Campeche Adventure Fly-In

November2, 2008 through November 8, 2008 Departing from Brownsville, TX

AIRCRAFT INFORMATION FORM

Characterisitics					
Tail Number					
(1) Legal Owner of aircraft					
Make					
Model				-	
Aircraft Designator e.g. C182, BE58					
Equipment Designator (/U /A /I /G)					
Aircraft IFR certified & current?	Yes	/	NO		
U.S. Customs User Fee Decal No.				Survival Equipment	
Aircraft home base				Number of life rafts aboard	
Aircraft base Color				Capacity of life rafts (people)	
Aircraft Trim Color				Color of life rafts aboard	
				Number of life jackets aboard	
Performance				Color of life jackets	
True Airspeed at cruise altitude (KTAS)				Other survival equipment	
Preferred cruising altitude (FT)				aboard like PLB's, flares etc.	
Fuel on board (hours : minutes)					
(2) Cruise range with Fuel on board (NM)					
Maximum take-off gross weight (LBS)					
Takeoff roll at sea level, 35°C at Maximum Take Off Gross Weight (FT)					
Distance to clear 50ft obstacle at sea level 35°C at Maximum Take Off Gross					

- (1) If the aircraft is in someone else's name, you will need a notarized letter from the owners granting you permission to fly the aircraft to Mexico on the dates of your trip.
- (2) Range assumes that you will still have 45 min. reserves left.



CREW & PASSENGER INFORMATION FORM

N I a una a			
Name	(F ' ()	/ 5.4 2 - 1 - 1 - 5	(1
E-mail	(First)	(Middle)	(Last)
Address:			
City		State	
Zip code		Country	
Work Telephone		Cell Phone	
Home Telephone		FAX	
Pilot License Number		IFR Rating (Y/N)	
Total Hours		Hours in aircraft for trip	
Country of birth		Nationality	
Date of Birth		Male / Female	
Married / Single		Occupation	
Passport Number		Passport expiration date	
Place of issue			
	Emergency contact name		
En	nergency contact telephone		
Co-Pilot or			
Passenger 1 Name			
	(First)	(Middle)	(Last)
E-mail	(First)	(Middle)	(Last)
E-mail Address:	(First)		(Last)
Address: City	(First)	State	(Last)
Address: City Zip code	(First)	State Country	(Last)
Address: City Zip code Work Telephone	(First)	State Country Cell Phone	(Last)
Address: City Zip code	(First)	State Country	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number	(First)	State Country Cell Phone FAX IFR Rating (Y/N)	(Last)
Address: City Zip code Work Telephone Home Telephone	(First)	State Country Cell Phone FAX	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number	(First)	State Country Cell Phone FAX IFR Rating (Y/N)	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number Total Hours	(First)	State Country Cell Phone FAX IFR Rating (Y/N) Hours in aircraft for trip	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number Total Hours Country of birth	(First)	State Country Cell Phone FAX IFR Rating (Y/N) Hours in aircraft for trip Nationality	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number Total Hours Country of birth Date of Birth	(First)	State Country Cell Phone FAX IFR Rating (Y/N) Hours in aircraft for trip Nationality Male / Female	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number Total Hours Country of birth Date of Birth Married / Single	(First)	State Country Cell Phone FAX IFR Rating (Y/N) Hours in aircraft for trip Nationality Male / Female Occupation	(Last)
Address: City Zip code Work Telephone Home Telephone Pilot License Number Total Hours Country of birth Date of Birth Married / Single Passport Number	(First)	State Country Cell Phone FAX IFR Rating (Y/N) Hours in aircraft for trip Nationality Male / Female Occupation	(Last)



PASSENGER INFORMATION FORM (continued)

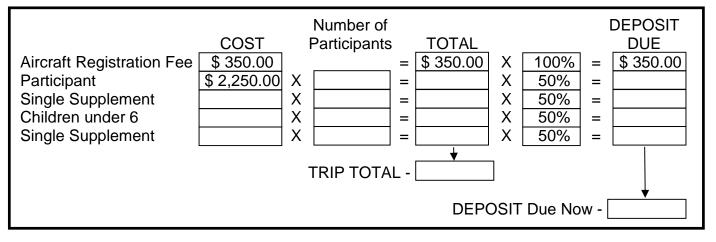
Passenger 2			
Name			
	(First)	(Middle)	(Last)
E-mail address			
Address:			
City		State	
Zip code		Country	
Work Telephone		Cell Phone	
Home Telephone		FAX	
Country of birth		Nationality	
Date of Birth		Male / Female	
Married / Single		Occupation	
Passport Number		Passport expiration date	
Place of issue			
	Emergency contact name		
	Emergency contact telephone		
r			
Passenger 3			
Name			
	(First)	(Middle)	(Last)
E-mail address			
Address:			
City		State	
Zip code		Country	
Work Telephone		Cell Phone	
Home Telephone		FAX	
Country of birth		Nationality	
Date of Birth		Male / Female	
Married / Single		Occupation	
Passport Number		Decement continuities data	
		Passport expiration date	
Place of issue		Passport expiration date	
-	Emergency contact name	Passport expiration date	



Palenque-Campeche Adventure Fly-In

November2, 2008 through November 8, 2008 Departing from Brownsville, TX

TRIP PAYMENT FORM



Payment for the trip can be made by check or credit card. If paying with a check, please make check payable to Mako Leasing Company I, LLC and mail it to 411 Walnut St., No. 3094, Green Cove Springs, FL 32043. If paying by credit card, please complete the information below.

Credit Card Information:	American Express	Visa	Mastercard
Name of Credit Card Holder			
Credit Card Number			
Expiration date:			
3 Digit 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: _____

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



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 its Customized Vacation Planning Services, and its Travel Emergency Hotline and its *Pilot's Guide to Mexico's Yucatan Peninsula* (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, 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, the 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, 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.

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**

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Waiver & Release of Liability Form



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 and the Travel in which I am about to engage, and the manner in which I am supporting my dependents, 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 Toll Free TEL 1-866-420-9265 / Toll Free FAX 1-888-632-3196 / info@caribbeanskytours.com

Waiver & Release of Liability Form



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 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.

WITNESS MY HAND AND SEAL

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."