

DECLARATION OF FITNESS TO PARASAIL

The service provider company is DEPORTES ACUATICOS SOL Y ARENA, S.A. DE C.V., commercial name PARASAIL CANCUN, with the vessels indicated in the following table:

| VESSEL | NUMBER PLATE | OPERATION LICENSE | SERVICE | POLICY OF CIVIL RESPONSIBILITY |
|---------------|---------------------|---------------------------------|----------------|---------------------------------------|
| LA BONITA | 2301357314-2 | SM-029-18-CPJ | PARASAILING | RNA743150300 |
| YALHI | 2301357314-2 | SM-107-17-CPJ SM-0151-18-CPJ | PARASAILING | RNA618400500 |
| BONITA II | 2303126414-0 | SCT-039-17-CPJ | PARASAILING | RNA849880200 |

The service provided, has insurance covered by the policy ID POLICY: 05-096-07000153-0000-01 with effect from March 19th, 2019 to March 19th, 2020 for the amount by US \$1'000,000.00 (One million dollars) by the insurance company "GRUPO MEXICANO DE SEGUROS, S.A. DE C.V." of civil liability that they understand; bodily injury, illness, death, as well as the deterioration or destruction of assets that are caused by recreational Parasailing activity.

By the contracting party

Express assumption of risk to participate in the Parasailing activity and liability release agreement, resignation, waive claims and compensation.

(PLEASE READ AND BE SURE TO UNDERSTAND THE CONTENT OF THIS DOCUMENT AND THE SCOPE OF YOUR SIGNATURE).

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| I declare to be of legal age in full use of my mental faculties, and I sign this voluntarily and freely. |
| I am not pregnant, I do not suffer from epilepsy, seizures, severe head injuries, dizziness or loss of recurrent consciousness, brain or nervous system disease, high blood pressure, lung or heart disease, weakness or recurrent dislocation of any member. |
| I declare not having used drugs or alcohol |
| I have no recent back injuries, arthritis and severe sprains of the joints, or any physical condition that requires regular use of medications or limits my motor skills. |
| I declare that I have not had any physical or mental condition that could prevent my participation in the chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by any doctor, to suffer of some terminal illness, whatever it may be. |
| In the case of minors, the following is manifested through their father, mother, guardian or curator: |
| The minor has the minimum height of 135 cm. |
| The child does not suffer from epilepsy, seizures, severe head injuries, dizziness or loss of recurrent consciousness, brain or nervous system disease, high blood pressure, lung or heart disease, weakness or recurrent dislocation of any member, diabetes, mental illness |
| The child does not suffer from recent back injuries, arthritis and severe sprains of the joints, or any physical condition that requires regular use of medications or limits their motor skills. |
| I understand and accept the risks and scope that the practice and use of the service could cause to the minor. |
| I declare as the case may be; be over 16 years old but under 18 years old, so in accordance with article 653 section III of the Regulations of the Maritime Navigation and Commerce Law, I can board the vessel and participate in Parasailing activity and participate in Snorkeling activity unaccompanied by a family adult or caretaker, however, it will be the mother, father, guardian, curator or the holder of parental authority who or who will sign on my own and on my behalf. |

By signing my signature in this document, I freely choose to participate in the Parasailing activity and I agree to waive all liability claims against DEPORTES ACUATICOS SOL Y ARENA, S.A. DE C.V, its subsidiaries, of which it is a part, belonging to the same group, or against its employees, crew, and vessels.

The customer/user, relieves all responsibility to the service provider if the damage is due to fault or inexcusable negligence of the one who perceives the damage, or because of a third party.

By the contracting party

Name and signature of user: _____

Legal guardian: _____

Email: _____

Hotel and room number: _____

Express assumption of risk to participate in the Parasailing activity and liability release agreement, resignation, waive claims and compensation. (PLEASE READ AND BE SURE TO UNDERSTAND THE CONTENT OF THIS DOCUMENT AND THE SCOPE OF YOUR SIGNATURE).