

**George F. L Charles Airport
Vigie, Castries, St. Lucia**

Telephone : (758) 452-1156
Fax : (758) 452-1180

INDEMNITY FORM

The following information is to be included when submitting your indemnity document:

1. Operator : _____
2. Aircraft Registration No. : _____
3. Aircraft Type : _____
4. Maximum take off weight : _____
5. Point of Departure : _____
6. Date and estimated arrival time at George F. L. Charles Airport : _____

7. Departure date and time : _____
8. Destination : _____

Per.....
Name and Title

NB: Insurance document of aircraft is to be submitted with Indemnity Forms.

IN CONSIDERATION of the Saint Lucia Air and Sea Ports Authority permitting **(OPERATOR)** _____
to operate private flights at the George F.L. Charles Airport.

NOW **(OPERATOR)** _____
of **(ADDRESS)** _____
agrees with you that:

(OPERATOR) _____
SHALL INDEMNIFY AND HOLD HARMLESS AND KEEP INDEMNIFIED EACH OF THE SAINT LUCIA AIR AND SEA PORTS AUTHORITY, ITS OFFICERS, EMPLOYEES AND AGENTS AND THE GOVERNMENT OF SAINT LUCIA, ITS OFFICERS, EMPLOYEES AND AGENTS AGAINST AND FROM ALL DEMANDS, CLAIMS, LIABILITIES, LOSSES, DAMAGES, PENALTIES, FINES AND EXPENSES WHATSOEVER (INCLUDING LEGAL FEES AND EXPENSES) THAT MAY BE INCURRED BY YOU OR THEM IN ANY WAY ARISING OUT OR CONNECTED WITH **(OPERATOR'S)** _____
USE OF OR OPERATION AT THE GEORGE F. L. CHARLES AIRPORT.

(OPERATOR) _____
SHALL PAY AND REIMBURSE SUCH AS MENTIONED ABOVE ON DEMAND.

Dated: _____

(OPERATOR) _____

Per _____
Name and Title

Witness Name

N.B: We request that the liability be extended to accommodate a late after sunset arrival.

Signature