



Pat & Oscar's School Tour Permission Form

Restaurant Support Office: 10679 Westview Parkway, San Diego, CA 92126
858-695-8500

Check the following box that applies

Student (Under the age of 18)

Parent / Guardian Request for Student Participation in restaurant tour.

I, the undersigned, agree that my [son/daughter]: _____
(Print student's name)

may participate in a tour of the Pat & Oscar's restaurant located at:

_____ on _____
(location) (date/time)

Adult (Over the age of 18)

I, _____ will participate in a tour of the Pat & Oscar's restaurant
(Print name)

located at: _____ on _____
(location) (date/time)

Participant Information

Complete Address: _____

Emergency Contact Name: _____ Telephone# _____

Alternate #1 _____ Alternate #2 _____

I/we hereby waive all claims that I/we might have against FFPE, LLC, dba: Pat & Oscar's its agents, and employees for injury, accident, illness, or death occurring during or by reason of the above-described activity.

In the event of an accident or sudden illness, Pat & Oscar's has my permission to render whatever emergency medical treatment and I permit myself and/or my child to be transported to a doctor or hospital or other medical treatment facility, for further treatment if deemed necessary for the above-mentioned student without cost to Pat & Oscar's. The undersigned hereby agrees to pay for all medical treatment and other costs associated with my child's medical treatment.

Adult or Parent/Guardian Name Printed

Date

Adult or Parent/Guardian Signature

Mandatory Dress Code-Tours may consist of walking in and out of the kitchen area. All participants must wear closed toed, non-heel rubber sole shoes.