



**Noble Garden Academy**  
www.noblegardenacademy.org

4401 Fair Lakes Ct. Fairfax, VA 22033

**Field Trip Permission Form**  
**Grades 4<sup>th</sup>-6<sup>th</sup>**  
**Academic School Year 2025/2026**

**Date/Trip/ Location/Fees**

October 16	<b>Cox Farm- Fall Festival</b>	Centreville, VA	\$20
November 5	<b>Colonial Days at Mount Vernon</b>	Mt. Vernon, VA	\$20
December 10	<b>National Air and Space Museum</b>	Washington, DC	\$20
January 21	<b>National Museum of Natural History</b>	Washington, DC	\$5
February 11	<b>National Museum of African American History</b>	Washington DC	\$5
April 14	<b>US National Arboretum</b>	Washington, DC	\$5
May 12	<b>US Botanical Garden</b>	Washington, DC	\$5

The nature and scope of the activity listed above have been fully explained to me by NGA Staff, and I understand that there may be risks and dangers associated with this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for their own safety and of the other participants and will abide by the safety rules and regulations established for the activity.

In consideration of the participant being permitted to enroll and partake in this activity, I agree to assume all risks to my (child's) person or property, including transportation, incidental to such participation. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, to Noble Garden Academy, and any Employees or Volunteers thereof, against any injury to person or property arising out of this registration.

I give permission for the Noble Garden Academy Staff, to obtain medical treatment for the above participant in the event of illness or injury if I cannot be contacted.

**Parents Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Secondary Emergency Contact** \_\_\_\_\_ **Secondary Emergency Contact Phone** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Student** \_\_\_\_\_ *Signature of Adult Student (if aged 18)*

\_\_\_\_\_  
**Name of Parent/Guardian** \_\_\_\_\_ **Signature of Parent/Guardian (needed if student is under 18)**

**Best Daytime Telephone Number of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_