



Dear Parent,

We are glad you've decided to apply for the Noah's GIFTS program. We understand that this is a difficult time. Our hope is that we are able to help your family with the expense of traveling to the city in which your child is being treated. Please take a moment to look through this packet and review the documents before completing the application.

Within this packet are three documents that need to be completed in their entirety before they are submitted. Please fill out the following:

- Guidelines for Noah's GIFTS program families
- Application for acceptance into Noah's GIFTS
- Waiver

To submit your application choose from the following two methods.

1. Scan **all** completed pages and email to [patienthelp@dragonmaster.org](mailto:patienthelp@dragonmaster.org)
2. Mail **all** completed pages to: Dragon Master Foundation  
% Noah's GIFTS  
4120 E. 61st Street North  
Kechi, Kansas 67067

Once received, the packet will be reviewed and you will be contacted by email.

Thank you for applying. We look forward to getting to know you and your child.

Kind Regards,

Amanda Haddock  
President, Dragon Master Foundation



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## Guidelines

The following guidelines must be followed while participating in the Noah's GIFTS program.

- Funds are available to children with a primary brain cancer diagnosis who are participating in cancer related medical trials at a CBTTTC Member Institution: <https://cbtttc.org/about-cbtttc/member-institutions/>. Funds are not available to the general public. There may also be exceptions for children who reside in Alabama, Florida, Kansas, Missouri and Iowa.
- Families may submit the application on their own, but diagnosis must be verified by physician or lead investigator.
- Application must be filled out completely.
- Funds provided are based on funds available, at the discretion of the Dragon Master Foundation Board of Directors.
- Dragon Master Foundation will provide reimbursement, up to 100%, of travel (including airfare or fuel if transportation is by automobile) and lodging for the patient and one adult caregiver.
- Dragon Master Foundation will provide reimbursement per diem, which is a daily allowance, of \$40 per patient and up to one(1) caregiver for the expenses as defined below.
  - Per diem may be used for daily living expenses such as groceries, meals and snacks.
  - Per diem excludes alcohol, tobacco, e-cigarettes, illegal drugs, gaming or chance to win (lottery) tickets and weapons.
  - Receipts for daily living expenses must be provided to Dragon Master Foundation. Dragon Master Foundation will reimburse for approved daily living expenses up to \$40 per person, per day of the stay.
- Noah's GIFTS will not reimburse for prescription medications.
- Receipts must be provided for all reimbursement requests.
- Dragon Master Foundation retains the right to end funding for inappropriate use of funds.
- Final decision for distribution of the funds is the sole discretion of Dragon Master Foundation.
- Other limitations may apply.

Please read and sign to indicate that you accept the guidelines listed above.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# Application

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## Parent / Caregiver Information (Primary Contact)

First & Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit / Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Additional Parent / Caregiver Information

You may optionally provide the name of another parent or caregiver that we may contact regarding your application. Please note, by listing them you agree that we may share information regarding this application with them.

First & Last Name: \_\_\_\_\_  
Relation to above parent /caregiver: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

## Travel Details

Initial Travel Date: \_\_\_\_\_ Name of Treating Hospital: \_\_\_\_\_

*Please indicate the approximate first date you think you will need to travel.*

Length of Stay: \_\_\_\_\_

*Please indicate the approximate length of time you will need to stay during this visit.*

Preferred Method of Travel: Airplane Car Bus Train Other \_\_\_\_\_

*Please circle.*

## Additional Travel Needs:

*Let us know if there are any other special travel needs we should be aware of.*

\_\_\_\_\_  
\_\_\_\_\_

**Please continue to the next page of the application to enter information regarding your child.**



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# Application

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## Patient Information

First & Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Diagnosis and date of diagnosis: \_\_\_\_\_

Primary Hospital & Hospital Traveling to (if applicable): \_\_\_\_\_

Primary Oncologist: \_\_\_\_\_

### Share a little about your child:

At Dragon Master Foundation, we want to know about more than just your child's illness. If you're comfortable, please tell us what makes your child so very special to you... something they love, what brings them comfort, and what makes them laugh!

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**Please indicate if you have received or plan to receive funds from any other foundations for travel related expenses: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, please explain what other funding you have received/expect to receive: \_\_\_\_\_**

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# Waiver

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*Please Read Carefully Before Signing*

In consideration of receiving funds through Noah's GIFTS (Giving Initiative for Treatment Support), a program of Dragon Master Foundation (one of the "Released Parties" as defined below) for my child and all related treatments (collectively the "Treatments") wherever the Treatments may occur, I hereby attest that, after reading this Waiver and Permission Form along with any posted guidelines completely, I acknowledge that my child's participation in the Treatments is entirely voluntary, and I further understand and agree as follows:

**ASSUMPTION OF RISK/LIABILITY RELEASE AND INDEMNITY:** I understand that incidental to my child's participation in the Treatments, he/she may be engaging in activities that involve the risk of serious personal injury, illness, permanent disability, dismemberment and death, and that such participation may also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of myself and others (including but not limited to other individuals in attendance at the Treatments and the Released Parties) and from the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me or to the Released Parties, and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the Treatment. I agree to assume all of the foregoing risks, which risks may include, among other things, physical injuries as well as the risk of any negligence by other participants or by the Released Parties, and the risk of injury caused by the condition of any property, facilities or equipment used during the Treatments, and accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature that I or my property may suffer arising out of or in connection with my child's participation in the Treatments. On my own behalf, on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child's participation in the Treatments, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such Claims including, but not limited to, all attorney's fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any Claims based on the negligence, action or inaction of the Released Parties and covers bodily injury (including death), mental or emotional injury, property damage, and loss by theft or otherwise, whether suffered by me before, during or after such participation.

\_\_\_\_\_ (please initial)





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# Waiver

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For the purposes hereof, the "Released Parties" are Dragon Master Foundation and the officers, directors, employees, agents, contractors, subcontractors, representatives, successors, assigns, volunteers of each of the foregoing entities.

**MEDICAL AUTHORIZATION:** I authorize medical treatment for my child, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

**PUBLICITY RIGHTS:** I further grant the Released Parties the right to photograph, record and/or videotape me and the patient and further to display, edit and/or use my name, face, likeness, voice, and appearance, in all media, whether now known or hereafter devised (including, without limitation, in computer or other device applications, online webcasts, television programming, motion pictures, film, newspapers, and magazines), and in all forms including, without limitation, digitized images or video, whether for advertising, publicity, or promotional purposes including, without limitation, publication of Treatments results, without compensation residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

**GOVERNING LAW:** This Waiver and Permission Form shall be governed by the laws of the State of Kansas, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the 18th Judicial District Court in and for Sedgwick County, Kansas (or if such Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Age of Child

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

Noah's G.I.F.T.S. is a program of Dragon Master Foundation • 4120 E. 61st Street North • Kechi, KS 67067  
www.dragonmasterfoundation.org • (316) 361-6698

Dragon Master Foundation is a 501(c)(3) charitable organization and registered non-profit in the state of Kansas