

A Day in the Life Contest

Authorization for Release of Identifying and Health Information

This Authorization describes how the identifying information and medical information about you that is contained in your submission may be used and disclosed by AstraZeneca Pharmaceuticals LP ("AstraZeneca") to its employees and to the public. Please review the terms of this Authorization carefully. You must send a signed copy of this Authorization along with your submission, in order to be eligible for the contest.

Your Name: _____

Your Address: _____

Phone Number and/or E-mail Address: _____

Best time of day to contact you: _____

The contact information provided above will be used solely to communicate with you about your submission and this contest, and will not be used or disclosed for any other purpose.

Check here if you give AstraZeneca permission to contact you about the possibility of using your submission in connection with the future marketing of AstraZeneca products. Even if you check this box, your submission will not be used for these purposes unless you consent at that time.

I understand that the purpose of this contest is to educate AstraZeneca employees and the public on bipolar disorder and schizophrenia from the point of view of people living with the disease and their families. I authorize AstraZeneca to use, reproduce, and disclose my entry in the United States and throughout the world, in any media, including radio, television, print publications, and the Internet, for purposes of educating people on bipolar disorder and schizophrenia through educational, promotional, and commercial programs.

Once I have submitted my entry to AstraZeneca, the entry becomes the sole property of AstraZeneca, even if it is not chosen as a winner in the Day in the Life contest. All rights to the finished work, including all copyrights or other proprietary interests of whatever kind, shall belong exclusively to AstraZeneca. AstraZeneca may use all or any part of my entry, and I agree that I will not have the right to review or approve the manner in which it is used by AstraZeneca. I release AstraZeneca from any claims for royalties, residuals or payments of any kind. I understand that I

will receive no fee or other payment from AstraZeneca, unless my entry is chosen as one of the three contest winners. The first-place winner will receive a \$1000 cash prize, the second-place winner will receive a \$500 cash prize, and the third-place winner will receive a \$250 cash prize. I understand that determination of a winning entry is a subjective process and that decisions of the selection committee are final.

I understand that, while my full name will not be disclosed, my first name and any other first names that appear in my entry may be disclosed by AstraZeneca, in connection with my entry. I understand that AstraZeneca, at its sole discretion, may choose to use a fictional name instead of my first name or any other names that appear in my entry, in connection with my entry. I understand that, while my full name will not be disclosed, I may be recognizable from the medical information and personal information that is contained in my entry. I further agree that my entry may be combined with commentary from AstraZeneca, its affiliates, and agents.

I understand that once I have signed this Authorization, I cannot change my mind and cancel it. Finally, I acknowledge that I am 18 years of age or older and make this Authorization of my own free choice and am in no way obligated to agree.

Signature:

Printed Name:

Date:

Please keep a copy of this Authorization for your records.