

Consent to Participate

I hereby voluntarily consent to participate in AbbVie's The Man Plan™ program, which I understand is an AbbVie sponsored coordination of care and exercise program designed to help patients become more active and engaged during their advanced prostate cancer treatment. I understand that The Man Plan is a voluntary exercise program and I have obtained medical clearance from my physician before participating in The Man Plan program and I will immediately contact my physician if I suffer any adverse reaction to the exercise activities in the program. AbbVie, its affiliates, and agents/contractors do not assume any liability for any injury, damages or other consequences resulting from participation in The Man Plan program and I hereby waive any such liability.

I further consent to AbbVie, its affiliates, and agents/contractors to use and disclose the demographic, health and other personal information that I have provided for the following purposes: (1) enroll me in and use my personal information to provide me with The Man Plan programs and related services that I may select or refuse from time to time; (2) provide me with informational and marketing materials related to the use of my prescribed AbbVie products, clinical trial and market research opportunities, and other services by any means of communication, including by text, e-mail, direct mail, and/or telephone; and (3) de-identify my personal information and use or disclose the de-identified data to help improve, develop, and evaluate products, services, materials, programs, and treatment related to my condition or treatment, as well as for health economic outcomes research and market research.

I understand that this Consent to Participate is voluntary. However, I understand that if I do not sign this Consent to Participate, I cannot participate in The Man Plan program. I may cancel anytime by calling 844-295-PLAN (7526).

I expressly agree to enter into this Consent to Participate in electronic format and that affirmatively checking this box will serve as my electronic signature. By submitting, I agree to the statements above and that I am currently 18 years of age or older.

I am entitled to receive a copy of my Consent to Participate by printing it here.

I am aware of the AbbVie Privacy Policy at <http://www.abbvie.com/privacy.html>.

signature _____

Date _____

print name _____