



Release Form:

If you would like to participate in the PEER Network, please read this form, sign the back, and return it in the enclosed postage-paid envelope.

By my signature below, I hereby authorize United Therapeutics Corporation and Health Advocacy Strategies™ (the entity contracted by United Therapeutics Corporation to manage the network), to contact me regarding my participation in the PEER Network, and to use any and all information obtained from or about me, including my individually identifiable health information, in connection with the PEER Network and my current United Therapeutics Corporation therapy [Remodulin® (treprostinil) Injection or Tyvaso® (treprostinil) Inhalation Solution] and in other United Therapeutics Corporation programs.

By my signature below, I hereby give and grant to United Therapeutics Corporation and Health Advocacy Strategies, without restriction, reservation or right to compensation unto, the absolute and unconditional rights to copyright, use, license, publish, broadcast, display, and/or reproduce in any manner whatsoever, in color or otherwise my image, likeness, voice, and photographic (including video) representation of me (collectively "Images"). These rights include, but are not limited to, the right to alter, adapt, modify, or use such Images alone or in conjunction with my name or a fictitious name, my biographical information, my statements (or paraphrased versions of my statements) or other statements which may be attributed to me, or other materials or advertising copy, all as United Therapeutics Corporation shall reasonably deem fit, for all purposes, including marketing, informational, educational, and promotional purposes provided I have an opportunity to confirm that the information represents my actual experience. I represent and warrant that any statements I have made or will make regarding my current United Therapeutics Corporation therapy in connection with the PEER Network, do or will, accurately reflect my true and honest opinion, and experiences.

I hereby release United Therapeutics Corporation from any and all liability arising out of United Therapeutics Corporation's use of any of my Images including any recorded media.

I hereby acknowledge that should I choose to discontinue my participation in the PEER Network, United Therapeutics Corporation may keep and use my information, including any individually identifiable health information obtained about me, and Images for up to five years after the discontinuation of my participation in the PEER Network.

The PEER Network's non-discrimination policy clearly states the goal of creating an inclusive and nondiscriminatory environment in which all members are valued and behave appropriately in accordance with Federal and State law. The PEER Network is also a harassment-free zone. Sexual harassment, as well as any other form of harassment by or toward Mentors or Mentees is prohibited. The non-discrimination policy can be read in full under the Terms and Conditions section of the PEER Network website at <http://www.peernetwork.net>.

Continued on other side...

By my signature below, I hereby acknowledge that I want to become a member of the PEER Network and share my personal disease and United Therapeutics Corporation therapy experiences. I understand that I will be contacted by United Therapeutics Corporation and/or Health Advocacy Strategies, to discuss my disease and United Therapeutics Corporation therapy experiences.

I have read and understood the provisions of this Release and am providing my consent to those provisions.

Name (please print): _____

Signature: _____ Date: _____

E-mail: _____ Age: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ Best time to call: _____

My current therapy: Tyvaso Remodulin

Return Options:

- 1) Use the postage-paid envelope provided
- 2) Send to:
PEER Network
PMB 227
4111 E. Madison St., Suite 2
Seattle WA 98112
- 3) Fax to: 206-720-0104