Attachment 1

## *TRAINEE AGREEMENT ADDENDUM*

I am a trainee bound by this Training Affiliation Agreement between 55th Medical Group and University of Nebraska Medical Center College of Pharmacy. In consideration of being allowed to participate in this agreement I note that I am aware of the rules concerning automobile liability insurance, and, if I drive my private automobile on base, I will register it with base authorities and maintain the required liability insurance. I specifically agree and understand that I will receive no monetary compensation whatsoever from the United States for this training.

_____ _____

(Trainee Signature) (Date)