

Today's Date: \_\_\_\_\_

**Mentorship Program**  
**Hidden Realms Paranormal Salt Lake City**  
**And**  
**(Team Members Name/Mentor) \_\_\_\_\_**

To (parent or legal guardian name) \_\_\_\_\_ :

We are with Hidden Realms Paranormal of Salt Lake City. Your child has been selected for a one-on-one mentorship training program with our team. We are made up of a group of volunteers who investigate the paranormal. We research, collect evidence, and do our best to help those in need. We do not promote discrimination of any kind. The Founders of the team are Nayt Morgan and Andrew Lund.

Each mentors/mentee relationship is different. But there are some guarantees. For public events where we charge the public to come investigate with us, each person in this program under the age of 18 will be allowed to bring either both of their parents or guardians or to have a single family member or friend over the age of 18 accompany them. This also applies to any free classes we offer that help to build their abilities such as the free cold cases or psychometry (ability to read objects) classes. We will not allow them to attend private home and office investigations however. We want to keep your child as safe and protected as possible.

Our goal is to help them develop their skills and to grow in this field. And to do so we allow them to decide how they would like to do that. This is how they would like to be mentored:

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If you agree to this we will have you attach a paper listing any medical issues we need to be aware of for your child. The back of this paper is fine too. We will also have you sign this paper stating that you agree to these terms and conditions. And then we will need at least one

emergency contact for someone not living in the home with you and for at least one parent or guardian.

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I/We (Print Name) \_\_\_\_\_ give permission for my child (Print Name) \_\_\_\_\_ to be allowed into the Mentorship Program with **Hidden Realms Paranormal Salt Lake City** under the sponsorship of (Team Members Name/Mentor) \_\_\_\_\_ Starting (Today's Date) \_\_\_\_\_ and ending whenever we verbalize that we want it to end or upon my child's 18th birthday on (DOB on 18th BDAY) \_\_\_\_\_.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Emergency Contact

\_\_\_\_\_  
Printed Name/ Relationship/ Phone Number of Parent of Legal Guardian

\_\_\_\_\_  
Printed Name/ Relationship/ Phone Number of Parent of Legal Guardian

\_\_\_\_\_  
Printed Name/ Relationship/ Phone Number of Person Not Living With Them