# Ekiden relay runner names

An accurate list of the names of all competitors must be submitted to the recording official at the timekeeper’s desk prior to the start of the race.

By completing and submitting this form the school confirms

* that all students nominated have approval from the Principal to compete at this event under the department's duty of care policy
* by selecting yes to media consent, permission has been granted for each student to have their name, school, photographs, video or audio recordings of students printed in publications or secure intranet and publicly accessibly websites, including social media accounts. Please indicate no if permission is not granted.

**School:** **Team number:**

**Team category:** Boys  Girls  Unofficial

**Team age:** Year 7 to 9  Open

If there is a runner of the opposite sex, please highlight this clearly to provide the necessary information to consider them for lap placings.

| **Leg** | **Runner first name** | **Runner last name** | **Media consent** |
| --- | --- | --- | --- |
| 1 |  |  | Y  N |
| 2 |  |  | Y  N |
| 3 |  |  | Y  N |
| 4 |  |  | Y  N |
| 5 |  |  | Y  N |
| 6 |  |  | Y  N |
| 7 |  |  | Y  N |
| 8 |  |  | Y  N |