



acuity[™] HEALTH CHALLENGE

Benefiting Sheboygan's Behavioral Health & Wellness

EVENT LOCATION & PACKET PICKUP

Acuity
2800 South Taylor Drive
Sheboygan, WI

SCHEDULE

Friday, July 19 Noon - 5 p.m.	Acuity Flagpole Entrance Registration & Packet Pickup
Saturday, July 20 6:45 - 7:45 a.m. 8 a.m. 8:30 a.m.	Acuity Registration & Packet Pickup 5K and 2-Mile Staggered 5K and 2-Mile Walk

Parking will be at Acuity's flagpole parking structure

DISTANCES

5K (3.1-Mile) Run/Walk
2-Mile Run/Walk
Sleep-In (donation only)
Virtual Race Option

EVENT FEES

Through June 30:	\$20
Through July 18:	\$30
July 19 & Race Day:	\$35
Sleep-In and Virtual	\$20

EVENT AMENITIES

The first 500 runners or walkers will receive a cinch sack filled with items from the Vendor Expo sponsors.

All participants will receive a race day T-shirt, lunch, and entertainment throughout the course.

Sleep-in participants will receive a race day T-shirt, which can be picked up at registration on July 19.

Virtual race participants can choose from a race day T-shirt, medal, or sweatband.

POST EVENT

Sandwiches, strawberry soup, and bananas will be available for all registered participants. Food will also be available for purchase by non-participants.

Results will be posted at dutrirun.com

AWARDS

- Overall trophies will be given to the top 3 females and top 3 males in the 2-Mile and 5K Run.
- Age group trophies will go to the winners in each age category beginning at age 10.
- Medals will be given to all registered participants under the age of 10.

Strollers are welcome on the course; however, please note that this is a narrow trail course and large portions of both routes are not paved.

No bikes or dogs.

JOIN US AT THE ACUITY VENDOR EXPO!

The Vendor Expo features community partners and health and wellness vendors from all over the state. The vendors will be hosting demonstrations, answering questions, and selling products.

Secure lockers with attendants will be provided free of charge for those wishing to store their purchases during the race.

DIRECTIONS TO ACUITY

Take I-43 to exit 123. Go east on Hwy 28. Immediately turn left onto S Taylor Dr.

REGISTER ONLINE

You can also register online at getmeregistered.com. For more information, visit dutrirun.com, contact Ben West at 920.574.2972, or email ben@dutrirun.com.

ACUITY HEALTH CHALLENGE Registration Form

One form per participant (**all fields required**)

Last Name _____

First Name _____

Address _____

City _____ State _____

Zip _____ Birth Date _____

Phone # _____

Email _____

Event		Gender	
<input type="checkbox"/>	2-Mile Walk	<input type="checkbox"/>	Male
<input type="checkbox"/>	2-Mile Run	<input type="checkbox"/>	Female
<input type="checkbox"/>	5K Walk		
<input type="checkbox"/>	5K Run		
<input type="checkbox"/>	Sleep-In (donation only)		
<input type="checkbox"/>	Virtual Participant		
Entry Fee			
(Sleep-In and Virtual rates always stay at \$20)			
Through June 30		<input type="checkbox"/>	\$20
Through July 18		<input type="checkbox"/>	\$30
July 19 & Race Day		<input type="checkbox"/>	\$35
Shirt Size			
<input type="checkbox"/>	Adult XS	<input type="checkbox"/>	Adult L
<input type="checkbox"/>	Adult S	<input type="checkbox"/>	Adult XL
<input type="checkbox"/>	Adult M	<input type="checkbox"/>	Adult 2XL
<i>Note: Shirt size cannot be guaranteed after June 30 registration.</i>			
Sleep-in shirts must be picked up during packet pickup.			

WAIVER OF LIABILITY

I know that competing in a run/walk is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release all race officials and agents, the City of Sheboygan, Acuity, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event.

I grant Acuity permission to take photographs of me and my family in connection with the identified event. I authorize Acuity, its assigns, and transfers to copyright, use, and publish the same in print and/or electronically. I agree that Acuity may use such photographs of me for any lawful purpose, including illustration, advertising, and web content.

**Participant
Signature** _____

Parent/guardian signature if entrant is under 18.

PAYMENT

Amount Paid _____ Date _____

Register online at getmeregistered.com
or

Make check payable and send to:

Aurora Health Care Foundation
Attn: Mónica Rincón Hart
2800 South Taylor Drive
Sheboygan, WI 53081



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Thank you for your support.

**acuity HEALTH
CHALLENGE**

Benefiting Sheboygan's Behavioral Health & Wellness

We're
back
at Acuity!

New
Route!
New
Location!

5K or 2-Mile

Run/Walk

Saturday

July 20

8:00 a.m.

Sheboygan

For more information:
acuity.com\ahc