



I CAN SCULPT ITALY 2026

OPEN STUDIO ATELIER



Registration Package

Welcome & Program Overview



An immersive ten-day sculpture workshop in Pietrasanta, one of Italy's historic centres for marble, bronze and figurative sculpture. This package contains the information and forms required to register for the 2026 course.

Course Snapshot

- Dates: September 6–15, 2026
- Location: Pietrasanta, Italy
- Focus: Sculpting from the live model
- Daily studio instruction and critique
- Drawing sessions, museum visits and atelier excursions

What to Complete

- Participant registration form
- Accommodation and payment selection
- Health, mobility and emergency contact information
- Participant waiver and photographic consent
- Signature and submission checklist

Tuition, Deposit & Payment Schedule

Sculpting Participant

- Tuition: \$6,300 CAD
- Deposit: \$1,500 CAD (with registration to secure spot)
- Full payment required by September 4th 2026

Finding own accommodation option

- Tuition & Trips and 3 group meals : \$4,850 CAD
- Deposit: \$1,500 CAD
- Second payment: \$1,500 CAD due July 15th Aug
- Final payment: \$ 1,850 CAD due by August 1st

Non-Sculpting Partner

- Fee: \$2,550 CAD
- Deposit: \$1,500 CAD (when registering)
- Final payment: \$900 CAD due September 4th, 2026

Notes

Single Room Upgrade (Optional) Added

- Standard Single: + \$900 CAD
- One small Single available : + \$450 CAD

Please confirm your preferred accommodation option at the time of registration. Participants are responsible for flights, personal travel insurance, medical insurance, passport validity and personal expenses unless otherwise stated in the final program information.

Participant Registration Form

Full name as it appears on passport

Email address

Phone number(s)

Full mailing address

How did you hear about the trip?

Citizenship

Gender

Passport status

Previous Artistic Experience -Beginner/novice/some experience/experienced (no previous experience required)

Accommodation option requested

If travelling with a partner, enter their name and relationship

Dietary Requirements / Additional Notes

Participant Details & Accessibility

Health & Mobility

Are you comfortably able to:

☐

Yes

☐

No

Walk 10-15 minutes to the studio each way.

☐

Yes

☐

No

Stand for 2-3 hours at a time during live model sculpting (there are chairs available).

Please describe any access, mobility or support needs

Deposit & Payment

How would you like to pay your deposit?

☐

E-transfer / bank transfer

☐

Credit card / online payment

☐

Other:

Anything Else We Should Know?

Participant Responsibility Waiver

I hereby agree to participate in the I Can Sculpt Italy 2026 workshop during the advertised dates. I acknowledge and accept the nature and content of the course, including studio activity, travel and excursions.

I acknowledge that the organizers and instructors act only as agents for the various companies and services connected with travel arrangements, accommodation, transportation and excursions, and assume no responsibility or liability for services operated by third parties.

If it becomes necessary or advisable for the comfort or well-being of participants, or for any reason whatsoever, the itinerary or arrangements may be altered without liability or penalty to the organizers or instructors.

The organizers and instructors accept no responsibility for loss of tickets, coupons, personal articles or effects, personal accidents, injury, illness, travel delays, quarantine, weather, strikes, warlike conditions or other causes beyond their control.

I have read the above and agree to abide by these conditions.

Signature

Date

Printed name

Photographic Consent

☐

I consent to photographs being taken during the course and used for participant sharing and promotional use in online and print media.

Medical Information Form

Participant Information

Full name

Date of birth

Gender

Emergency Contact

Emergency contact name

Emergency contact phone

Relationship to emergency contact

Medical Information

Do you have any known medical conditions or allergies?

☐ No

☐ Yes — please specify:

Are you currently taking any medications?

☐ No

☐ Yes — please list:

Do you have any mobility issues we should know about?

☐ No

☐ Yes — please specify:

Medical Insurance & Consent

Travel Medical Insurance

Do you have medical insurance cover?

☐ Yes — please provide insurance details

☐ Not yet — but will forward details later

Medical insurance provider

Insurance policy number

Insurance emergency contact

Medical Consent Waiver

I acknowledge that I am voluntarily participating in the Sculpt Italy 2026 workshop and understand that physical activity, including sculpting, travel and excursions, may carry inherent risks of injury or illness. I confirm that I am physically able to participate in scheduled activities and have disclosed any relevant medical conditions. In the event of a medical emergency, I authorize the event organizers to seek emergency medical treatment on my behalf. I agree that any medical expenses incurred will be my sole responsibility.

Participant signature

Date

Printed name

Submission Checklist

Before You Send

- ☐ Registration form completed
- ☐ Participant details and accessibility page completed
- ☐ Waiver signed and dated
- ☐ Photographic consent checked or left blank
- ☐ Medical information completed
- ☐ Medical consent signed and dated
- ☐ Deposit payment arranged
- ☐ Passport validity checked
- ☐ Travel / medical insurance arranged

Submit Completed Forms To

Email: david@icansculpt.com

Website: www.icansculpt.com

