



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)
- Second payment: \$2,400 CAD due July 15th, 2026
- Final payment: \$2,400 CAD due August 1st, 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 August 1st, 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

