I CAN SCULPT

SCULPT ITALY 2027

SCULPTING THE MALE TORSO



Registration Package

Pietrasanta, Italy • September 2–12, 2027

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)

Registration option requested (shared room, course only or non-sculpting partner)

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 to david@icansculpt.com (no processing fee)

☐ PayPal, Visa or Mastercard (3% processing fee per transaction)

See page 4 for fees and the payment schedule.

Anything Else We Should Know?

Programme Fees & Payment Schedule

Fees are per person in CAD. No GST is added.

Registration option	Regular	Early bird
Sculpting participant · shared room Workshop, live model, materials, hotel and excursions	$6,300	**$5,800**
Sculpting participant · course only Workshop package without accommodation	$4,850	**$4,350**
Non-sculpting participant Shared accommodation, group meals and excursions	$2,550	**$2,050**

Early-bird offer

Save $500 per person on any registration option.

Register and pay your deposit by December 15, 2026.
Pay the remaining balance in full by February 15, 2027.

Optional three-step payment schedule

December 15, 2026	Register and pay your deposit.
January 15, 2027	Pay the first half of your remaining balance.
February 15, 2027	Pay the final half of your remaining balance.

Contact David to confirm your deposit and installment amounts.

Optional single-room upgrades

Standard single +$450 CAD • Large single +$900 CAD

Confirm your preferred accommodation when you register.

Participant Responsibility Waiver

I hereby agree to participate in the I Can Sculpt Italy 2027 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 2027 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 _____

Insurance, Cancellation & Booking Conditions

INSURANCE

TRIPCANCELLATION INSURANCE

Fees paid for I Can Sculpt Italy are non-refundable after **May 31, 2027**. It is therefore **strongly recommended** that you obtain trip cancellation insurance at the time of registration to cover both your non-refundable deposit and other costs such as tuition and flights.

Trip cancellation insurance may be available through insurance agencies and may cover cancellation due to non-pre-existing medical conditions or a family emergency, subject to the terms of the policy purchased.

MEDICAL INSURANCE

You are responsible for ensuring that you have adequate **medical insurance** for the dates of your travel. You may also wish to obtain baggage insurance. Please satisfy yourself that the policy provides adequate coverage for your circumstances.

Please provide I Can Sculpt Italy with the name of your medical insurance provider and an emergency/assistance contact should medical assistance be required while you are on the course.

TRIP CANCELLATION AND REFUND POLICY

The deposit is non-refundable.

If you cancel for medical or other reasons:

- Cancellation on or before **May 31, 2027**: full refund of fees paid, less the non-refundable deposit.
- Cancellation after **May 31, 2027**: no refund is available.

If you have questions about the Refund and Cancellation Policy, please contact I Can Sculpt Italy before making payment.

The instructors and organizers of I Can Sculpt Italy are not responsible for loss of airfare or other travel booked before the course is confirmed.

If an individual instructor is unable to participate, I Can Sculpt Italy reserves the right to substitute an instructor and to make reasonable alterations to course content or arrangements.

ACKNOWLEDGEMENT

I acknowledge that I have read and accept the insurance recommendations, cancellation and refund policy, and booking conditions above.

Printed name _____

Signature _____

Date _____

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