



REGISTRATION - Female Torso SCULPT IN ITALY 2025

STUDENT REGISTRATION INFORMATION SHEET:

Full name (as it appears on your passport):

Email Address:

Phone Number(s)

Emergency contact information (name and contact number)

Full Mailing Address:

Gender

Citizenship

Passport number (required for hotel)

Describe any previous artistic experience (if any) How did you hear about the class?

What accommodation option would you prefer?

Do you require a single upgrade option : YES /NO (please circle)

If traveling with a non-sculpting partner, enter their name here:

Do you have any dietary or medical concerns that we should know about ?

**Health and
Mobility : Are you
comfortable to :**

YES/NO Walk 15-20 mins to the studio each way,

YES/NO Stand for 2-3 hours at a time during the live model sculpting.

**Please provide a copy of your medical insurance provider and
emergency contact details in case of any medical emergency.**

SECURE you spot with your DEPOSIT (non-refundable)

How would you like to pay for your deposit?

(e-transfer, bank draft, visa/mastercard)

RESPONSIBILITY WAIVER

I hereby agree to participate in the Sculpt in Italy Course during the dates advertised and by full payment of the Course cost acknowledge the terms in this Responsibility Waiver and my acceptance of the nature and content of the Course.

I acknowledge and accept that the I Can Sculpt Italy instructors act only as agents for the various companies over the lines of which tickets are available and this trip operates, and assume no responsibility or liability in connection with the services of any aircraft, motor or other conveyances that may be used, wholly or in part, in the performance of its duty to the passengers, or for any hotel proprietor, or hotel service or for any other person engaged in carrying out the purpose for which tickets are issued.

If it becomes necessary or advisable for the comfort or well-being of the passengers, or for any reason whatsoever, to alter the itinerary or arrangements, such alternatives may be made without liability or penalty to the instructors of I Can Sculpt Italy.

Further, the instructors of I Can Sculpt Italy accept no responsibility for the loss of tickets or coupons, nor for the loss of personal articles and effects, nor for personal accidents, injury or death, nor for losses or additional expense due to delays or damages in transportation or other services, quarantine, sickness, strikes, war or warlike conditions, weather or any other causes.

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

SIGNATURE

DATE

PRINT NAME:

SCULPT ITALY 2 0 2 5 CONDITIONS OF BOOKING:

INSURANCE

TRIP CANCELLATION INSURANCE:

The fees paid for I Can Sculpt Italy are non-refundable after May 30th 2025. Therefore, it is **strongly recommended** that you obtain trip cancellation insurance at the time of registration.

This is available through insurance agencies and will cover cancellation due to non-pre-existing medical conditions or a family emergency.

MEDICAL INSURANCE: It is necessary for you to ensure that you have adequate **medical insurance** during the dates of your travel.

You may also wish to take out baggage insurance. Insurance can be arranged through your travel agent or your insurance company - provided you are satisfied that you are adequately covered.

We would also need a copy of your medical insurance provider and contact person should you require medical assistance whilst on the course.

TRIP CANCELLATION and Refund policy

If you cancel for medical or other reasons:

(The deposit is non-refundable)

If cancelled before **May 30th** - Full refund minus deposit

If cancelled after **May 30th** - No refund available

If you have any questions about our Refund and Cancellation Policy, please contact us.

The instructors of I Can Sculpt Italy are not responsible for loss of airfare or travel booked prior to confirmation.

In case of any individual instructor cancellation, I Can Sculpt Italy retains the right to make changes to the instructors and alterations to the course content.

I, (print full name)_____accept and acknowledge the above insurance recommendations and cancellation policy.

SIGNATURE

DATE

(Please return all completed forms to: david@icansculpt.com)